CANADA MORTGAGE AND HOUSING CORPORATION

CANADIAN WOMEN AND THEIR HOUSING: 1997

HOUSING CHOICES SERIES

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Canadian Women and Their Housing: 1997

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PURPOSE

The purpose of this study is to provide useful input to policy-makers and researchers as they consider housing policy and research directions for the next century.

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EXECUTIVE SUMMARY

INTRODUCTION: Canada Mortgage and Housing Corporation (CMHC) supports the principle of access to housing that is affordable for all Canadians, particularly to those who face obstacles such as low incomes or discrimination. Women are increasingly becoming independent housing consumers who have particular needs and concerns with regard to housing. In light of this, CMHC has commissioned a study of Canadian Women and Their Housing. Such a study may provide useful input to policy-makers and researchers as they consider housing policy and research directions for the next century.

Housing, Health and Well-Being: Housing has been defined as a basic human need, without which all other spheres of life suffer. More than just a roof over a person's head, housing provides private space, a space where a family can be raised, and a place where teaching and learning occurs. Housing also situates individuals in an environment – a community with its services, schools, employment possibilities and social life (Garon, 1997).

In 1961, the World Health Organization provided a criterion for a healthy residential environment that identified two levels of consideration, namely, the dwelling unit and the neighbourhood. Healthy housing criteria included space, heating, lighting, waste disposal, noise control and safety (Burridge and Ormandy, 1993). In 1992, the United Nations further defined adequate housing as that which is well built, with sufficient privacy and space, appropriate lighting and ventilation, in a location that is convenient to a person's workplace and essential services – all of this at a reasonable cost (United Nations, 1992).

The Canadian government has recognized that health "is not the mere absence of illness, but a state of complete...well-being." Adequate shelter, safety, sanitary conditions, exercise and nutrition are all seen as affecting individual, and thus, community health.

Study Objective: The specific objective of this research study is to provide a profile and analysis of women, health and well-being related to housing issues in the 1990s. This report, building on and updating a 1983 report, *Women as Housing Consumers*,[1] is intended to provide information for use by academics, students, researchers, planners and housing policy-makers at municipal, provincial, and federal levels, and women generally. The study is also intended to suggest future directions for research, policy and dialogue with regards to healthy housing for women.

Social Change: Recent social changes make such a study timely. Rapid changes have occurred in Canadian society in the 1990s. Changes in social services and other government programs, and economic

re-structuring by industry and governments have reduced employment in many occupations traditionally dominated by women. Cutbacks in social housing and social assistance programs have affected incomes and access to shelter for many women. Such changes also affect the housing conditions and the health and well-being, of women.

The ways in which housing can affect the health and well-being of women and their families are broad and varied. For example, housing location can have a variety of important effects on such things as access to employment and community infrastructure; to education, transport, health services, and shopping; and to other essential community and social services. Housing type and tenure can also affect many other aspects of life, such as public health, risk from crime, empowerment and control over the living environment, sense of belonging to home and community, and having access to supportive families and networks.

METHODOLOGY: This study has used a number of research methods to collect both quantitative and qualitative data for analysis. Issues to be explored and analyzed were determined by reviewing existing literature and by contacting key informants knowledgeable about housing and/or women in Canada. These key informants provided input through interviews and discussions with the research team. Also, a number of experts and practitioners in housing and health served on a Delphi Panel to consider issues and priorities for women's housing.

CONTEXT: Until the past decade, housing issues and their effect on women's health and well-being, had been given little consideration. However, currently there is a wealth of data that can be used to provide insights into the position of women and their needs in the housing market.

Women as Housing Consumers (McClain and Doyle, 1983), demonstrated, through a review of Canadian housing and planning literature of that time, that the position of women as consumers in the housing market had generally not been acknowledged, documented or researched.

Their report constructed a statistical profile of Canadian women using national data sources. This profile included family and household composition, the income position of women and their responsibility for children, as well as tenure status, housing condition and shelter cost for women by type of household.

The 1983 report concluded that women were not generally acknowledged as housing consumers, and that their specific housing requirements were not addressed.

Current literature suggests that even in 1997, social policy thinking often still centres on the traditional nuclear family model comprised of a male

breadwinner with a dependent spouse and children, or the two-income family with the wife's income supplementing the family budget.

The nuclear family model is still a reality for many Canadians, but is nowhere near as prevalent as 10-15 years ago. With a broader acceptance of alternative lifestyles and living arrangements, with increasing divorce and re-marriage rates, and with the harsh economic realities of the mid-1990s, many other very different types of households are common in Canada today. Housing policy, however, may not have changed at the same rate, and the needs of non-traditional household types may often be overlooked.

Housing policy based on the nuclear model does not necessarily best meet the needs of changing household compositions, particularly, for example, for single-parent families. Research has suggested that housing design geared to the traditional two-parent family is not necessarily well suited to single-parent families, where one person is solely responsible for every household activity that in the past would typically be shared between two people. This means that the single parent, usually the mother, has to not only take care of household chores and raise her children, but also has to earn a living and look after house maintenance and repairs (Klodawsky and Spector, 1988).

Female-headed families are often unable to afford to live in single-family owner-occupied homes, and are often unable to locate in neighbourhoods or communities designed for growing families, which have the ideal resources for rearing children such as schools, adequate play facilities, and many community activities and supports. As 34 percent of single mothers do not own vehicles, the location of their housing is important if they are to be able to access appropriate community services.

Given that health is now seen as including a wide range of factors (emotional and social well-being), more than simply a housing unit is needed, if "healthy housing" is to be achieved. Also, the previous focus of housing programs on providing the housing unit in isolation from other needs essential for overall health and well-being, may have resulted in previous housing programs often providing less than adequate housing for women.

DEMOGRAPHIC TRENDS: Females comprise 50.4 percent of the total Canadian population, or 14,179,500 persons. In 1991, there were 2.2 million female immigrants living in Canada. These women accounted for just over 16 percent of the total female population. Visible minority women have been a growing segment of the population, increasing from 6 percent of the population in 1986 to 9 percent by 1991, according to Statistics Canada, most of whom (79 percent) were born outside Canada.

Single women living alone account for 12.3 percent of the female population, with a further 3.9 percent living with unrelated persons and 3.9 percent living with other relations. Also, there has been a steady increase in the percentage of single-parent families over recent decades, with single mothers accounting for most of this increase. In 1961, 9 percent of all families with children were headed by single females. This increased to 10.4 percent by 1971, to 13.7 percent by 1981, and to 16.4 percent by 1991.

Single males have higher incomes than single females in all age groups, with the largest difference being for middle-aged women in the 45-54 and 55-59 age groups, where average female incomes of $26,435 and $22,155, respectively, are significantly lower than average male incomes of $32,277 and $28,038 for these age groups.

Similarly, there is the continuing significant income gap between male- and female-headed families. For example, 67.7 percent of 25-34 year-old male-headed families had incomes over $40,000 compared to only 12.1 percent of 25-34 year-old female-headed families.

Women have increased their presence in the labour force over the past few decades but they continue to earn less than men. As of April 1996, 77.8 percent of women aged 25-44 years were in the labour force compared to 91.3 percent of similarly aged men.

TENURE AND AFFORDABILITY: The majority of women in two-spouse families live in an owner-occupied home. Indeed, 79 percent of married women lived in such housing in 1994. However, other women, especially single mothers and women with low incomes, tend to have alternative housing arrangements. In 1994, only 31 percent of single mothers were homeowners compared to 58 percent of single fathers. The great majority of these single mothers are renters.

It is important to point out that there has been a significant increase in the number of Canadians (both female and male) who pay more than 30 percent of their income to rent, compared to 1980 figures. Of female renters in 1980, 38.2 percent paid more than 30 percent of their income in rent, a percentage that had increased to 47.2 percent by 1995. This represents a crisis in housing affordability for women.

THE IMPACT OF HOUSING ON WOMEN'S HEALTH AND WELL-BEING: This study noted that many factors are associated with housing as it influences and affects women's health and well-being.

Housing Choice: Women's choices in housing are significantly limited by the fact that they are more likely to rent, with the attendant problems of affordability, access and supply. Many of these women simply cannot afford decent housing, with resultant risks to health and well-being.

This situation was summarized by Delphi panelists who suggested that "maximum range of choice for housing that is both affordable and in plentiful supply should be a top priority with respect to women's health and well-being." And that "our present economic and social environment increasingly threatens access and affordability and supply of housing to women."

Security of Tenure: Housing must be stable and secure, as well as affordable. While the majority of Canadian women living with a partner are housed in relatively stable and secure situations, according to the Delphi Panel it has been suggested that insecurity of tenure is perhaps the single most critical housing issue that needs to be addressed for women generally. Constant moving, particularly as a result of circumstances over which one has no control, undermines confidence, well-being, the development of children, and, consequently, health.

Encouragingly, there has been a slight increase in the number of female homeowners over the past two decades, suggesting increasing stability for some. In 1995, the rate of female home ownership was 3.6 percent higher than in 1980, although it still remained 30 percent lower than the rate for male homeowners.

The Delphi Panel reports that tenure and housing stability can have a significantly positive effect on physical health and well-being. For example, the National Population Health Survey (NPHS) data indicate that female homeowners experience lower levels of stress and better health generally than female renters.

Discrimination and Disadvantage: Women face many different kinds of discrimination based on a number of factors, including gender, ethnicity, marital status and social status. Discrimination and harassment of women by landlords or property managers is generally considered to be common. This discrimination may take the form of refusing to rent to a woman because of her gender, because she has children, or because of her socio-economic status, among other things.

Women may also face discrimination when trying to access capital through credit and loans from financial institutions. Credit may be a particular concern for women, even though home ownership rates among Canadian women have increased from 36.7 percent in 1980 to 40.3 percent in 1995 (HIFE, 1995).

Homelessness, Health and Violence: Links between homelessness and health have been documented by many authors. In 1995, it was estimated that about 35 percent of Toronto shelter users were women (Advisory Committee on Homeless and Socially Isolated Persons, 1996). In 1996, it was estimated that approximately 30 to 40 percent of the homeless population in Montreal were women (Fournier et Mercier, 1996). A more recent count of hostel users in Toronto identified 12,588 single

men, 4,439 single women, 1,450 two-parent families, and 1,765 single-parent families – of which approximately 55 percent are headed by females (Novac et al., 1996).

Shelters are not a good long-term response to homelessness. Canadians need permanent housing rather than temporary shelter, and the increasing numbers of homeless citizens, many of them women and women with children, suggest that much more attention will have to be paid this issue in the future.

Violence against women is another important factor that must be considered when evaluating the influence of housing on women's health and well-being. The 1993 Violence Against Women Survey by Statistics Canada indicated that one-half of Canadian women have experienced at least one incident of physical or sexual violence since the age of 16, and that 25 percent of all women have experienced physical or sexual violence at the hands of a marital or common-law partner.

Housing Control: Having "influence" or control over one's housing is a critical factor in understanding what makes for a health-promoting environment, so that through opportunities for meaningful participation and control over conditions affecting one's life, and the ability to remain in a stable community, housing can enhance the health and well-being of residents.

Statistics Canada's National Population Health Survey (NPHS) data indicate that female homeowners report a higher sense of mastery (control over their lives) than female renters. In the same vein, a study of the role of tenure in community and sustainability completed for the CMHC's Centre for Future Studies in Housing and Living Environments found that participation and satisfaction do not correlate with income and education alone, but rather were strongly influenced by level of control.

Social Factors: Having social support within one's community can contribute greatly to a person's social, emotional, mental and physical well-being. This social support comes from strong, active community ties with neighbours, friends, kin and co-workers who provide various types of support, including companionship, emotional aid, and services ranging from health care and child care, to "house-sitting" for vacationers. People deal with problems more effectively, suffer fewer illnesses and live longer when they have other people helping them deal with needs, pressures and opportunities (Wellman et al., 1993).

The location of housing is a key issue for all women, and perhaps most particularly for single mothers who may rely more heavily on community and social supports than other women.

Location is a particularly important issue for social housing since many social housing projects tend to be developed in "second choice" locations

such as redeveloped industrial lands, remote suburban locations, etc. Location may also impact on health issues if housing is located in areas with pollution concerns, in areas with other environmental concerns such as exposure to lead or mercury, or in areas with poor air quality.

SUMMARY AND CONCLUSIONS: Research findings suggest that while the situation of some women has improved, with more women living in homes that they own, most women still face the same issues, problems and challenges as in 1983. These issues and challenges include changing or reduced economic status; sole or primary responsibility for dependent children; changing lifestyles; non-traditional career and family decisions; and risk of or exposure to violent situations, particularly in the home.

The fact that there are increasing numbers of women who are single mothers, who are from visible minority groups, who are divorced, who are homeless, and who continue to earn significantly less than their male counterparts provides a number of reasons for the increasing concern around women and their housing. On the other hand, the fact that the number of women who are homeowners has increased suggests that there has been a degree of polarization in the situations of women. In the 1990s, more women have the security, stability and control over their housing that comes with home ownership; but increasing numbers of women pay 30 percent or more of their income on housing, meaning that they are considered to be in core need. This is a significant group, which has been failed by policy-makers.

There has been a substantial increase in the number of women in the labour force over the past two decades, but women employed on a full-time, full-year basis generally still have lower incomes than men. As a result, women make up the larger percentage of those living below the low-income cut-off.

While Canada's social housing stock has grown steadily over most of the period studies (1983-96), the affordability problems of women have not eased accordingly. Rather, today, a larger portion of women face affordability problems, as indicated by the high percentage of women who pay over 30 percent of their income for housing. To a great extent, this may point simply to the problems of Canada's growing population of single parents; but it may also suggest that Canada's housing programs have not been sufficiently well designed to meet the priority needs of women.

The researchers noted that these factors may have much to do with the fact that women have had relatively little role or input in the design and management of Canadian Housing Programs – that Canadian housing programs, providing most of the housing for women in need, have been developed and managed mostly by men. The researchers suggest that audits of existing programs, to looking at the roles and representation

of women in the operations and priority setting of programs, could find a number of ways in which existing programs and resources, possibly combined with new specifically targetted housing programs and expenditures, could more effectively meet the housing needs of women.

Priorities for women's housing, health and well-being, identified through this study, were broad and included such issues as discrimination, special needs, safety, homelessness, location of housing and community services. But particular priorities, largely identified by the Delphi Panel, included government support and funding for housing; improvements in housing choice, affordability, supply and access; and improvements in housing stability and security of tenure. While government has a major role to play in funding such housing, government alone should not have sole responsibility for funding. Rather, government, in partnership with others, with a focus on community development, recognizing that "housing is intrinsically so multidisciplinary that unless all players work together, not much will happen at all." These goals may be achieved through greater flexibility in incorporating commercial activity and responding to changing household composition as a regular feature of housing design to afford appropriate housing choice.

Dialogue and action may be the most effective way of addressing the issues surrounding women and housing. This may point to the need for an ongoing mechanism to review and monitor progress in meeting women's housing and health and well-being needs. One example of such a mechanism at an informal level was seen in the Delphi Panel of this study, but a more substantial mechanism could be developed to provide an ongoing arena for discussions. Building a strong involvement of women as stakeholders in this process is a key consideration for CMHC, which might be facilitated by an ongoing national forum and related dialogue on Women and Housing.

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CHAPTER 1: INTRODUCTION

1.1 This Study

Canada Mortgage and Housing Corporation (CMHC) supports the principle of access to housing that is affordable for all Canadians and particularly for those who face obstacles to securing housing because of low income or discrimination. Women are increasingly becoming independent housing consumers in their own right and they have particular needs and concerns with regard to housing. In light of this, CMHC has commissioned a study of Canadian Women and Housing. Such a study may provide useful input to policy-makers and researchers as they consider their housing policy and research directions for the next century.

Rapid changes are occurring in Canadian society in the 1990s. Changes in social services and other government programs along with economic re-structuring by industry and governments have reduced employment in many occupations traditionally dominated by women. Also, cutbacks in social housing and social assistance programs have affected incomes and access to shelter for many women. Such changes negatively affect the housing conditions and the health and well-being of women, particularly those women who tend to be disempowered in our society – those with lower incomes, single mothers, elderly women, women with disabilities, visible minority women, and Indian, Métis, Inuit and other Aboriginal women.

The way in which housing can affect the health and well-being of women and their families must be clearly understood. For example, housing location can have a variety of important effects on such things as access to employment and community infrastructure; to education, transport, health services, and shopping; and to other essential community and social services. Housing type and tenure can also affect many other aspects of life, such as public health, exposure to environmental hazards, risk from crime, empowerment and control over living environment, sense of belonging to home and community, and having access to supportive families and networks.

The objective of this research study is to provide a profile and analysis of women, health and well-being related to housing issues in the 1990s. This report, building on and updating a 1983 report, *Women as Housing Consumers*,[7] is intended to provide information for use by academics, researchers, planners, and housing policy-makers at municipal, provincial, and federal levels and also to suggest future directions for research and policy with regards to healthy housing for women.

1.2 What is Meant by Housing, Health and Well-being

Housing has been defined as a basic human need, without which all other spheres of life suffer. More than just a roof over a person's head, housing provides private space, a space where a family can be raised, and a place where teaching and learning occurs. Housing also situates individuals in an environment, a community with its services, schools, employment possibilities and social life (Garon, 1997). The crucial importance of housing has been clearly recognized by Canada as well as internationally.

In 1961, the World Health Organization provided criteria for a healthy residential environment that identified two levels of consideration, namely, the dwelling unit and the neighbourhood. Healthy housing criteria included space, heating, lighting, waste disposal, noise control and safety (Burridge and Ormandy, 1993). In 1992, the United Nations further defined adequate housing as that which is well built, with sufficient privacy and space, appropriate lighting and ventilation, in a location that is convenient to a person's workplace and essential services – all of this at a reasonable cost (United Nations, 1992).

The Canadian government has recognized that health "is not the mere absence of illness, but a state of complete...well-being". Adequate shelter, safety, sanitary conditions, exercise and nutrition are all seen as affecting individual and thus community health. In this vein, the British Columbia Ministry of Health has suggested that health should be defined even more broadly in relation to such things as access to education, high self-esteem, control over one's environment, choice of lifestyle, and the opportunity to grow and change.

Such broad definitions say that health is not an end in itself but one important resource for living a complete life. Within such definitions, sound housing policy becomes an inextricable part of health promotion. Thus "housing health", as well as incorporating the above characteristics, includes additional indicators such as: stability/security of ownership or tenure; personal safety; integration of diverse human communities; choice of where and how to live; and participation and control over housing matters (B.C. Ministry of Health, 1993).

The economic component is also an important factor in "healthy housing". Economic well-being is defined by income-to-need ratios and poverty status, etc. (Finnie, 1993). The economic component also relates to issues of personal empowerment, coping skills, and the ability to alter one's circumstances through conscious choice. By asserting that all health and well-being concerns are social issues and that a wide range of social-economic factors has implications for well-being, the concept of well-being becomes closely linked to housing and housing policy.

The report, *Creating Housing for Healthy Communities* (B.C. Ministry of Health, January 1993), indicates how housing in a safe and stable community plays a major role in women's health. Stability, for example, which implies security of tenure to a certain extent, promotes health. For a woman to achieve a stable home, a sense of security from living in a safe neighbourhood is also of great importance. Further, the opportunity to interact and be integrated into the community is often part of the positive impacts a woman may experience by living in a safe community.

Other direct links between housing and health are evident. In its report to the Committee of the Development of Human Resources in 1994, the *Association canadienne d'habitation et de rénovation urbaine* in Quebec reminded the Committee of the results of several decades of research into the effects of housing conditions on residents.

> "Research conducted in the past decade has documented the effects of housing problems, such as the elevated cost, the poor physical quality, the absence of essential services, deficient sanitary conditions and excessive overcrowding, on the health and well-being of people. Often these problems are exacerbated by a lack of security of tenure and fears regarding personal safety.
>
> "The studies clearly associate these poor housing conditions with various problems, notably increased incidences of contagious illnesses, stress, interpersonal conflict and family violence, poor nutrition and low self-esteem. Poor housing conditions affect the physical and social well-being of people. They also affect their capacity to educate themselves and to participate in the labour market (*Association canadienne d'habitation et de rénovation urbaine*, 1994)."

Thus, housing conditions are seen to play a large role, not only in physical health, but also in psychological and social health, and the development of economic self-sufficiency.

1.3 Methodology

To update the 1983 study of women and housing, this study has used a number of research methods to compile both quantitative and qualitative data for analysis. Issues to be explored and analyzed were determined by reviewing existing literature and by contacting key informants. These key informants, experts and practitioners in housing and health, provided input through interviews and

discussions with the research team. A number of these experts formed a Delphi Panel for the study (see below).

Literature Review: The literature review was intended to provide a view of what types of research had been completed since the 1983 report on women and housing. The review was focused on identifying current literature on the social issues faced by women, issues that have an impact on their health and well-being and their housing choices. It included journal articles, policy studies, newsletters and other research documents that were identified through library research[x] and recommendations by key informants and Delphi Panel members.

Key Informant Interviews: Interviews were conducted with a number of key informants knowledgeable in the areas of women's issues, housing, health, and well-being. The key informants were identified by contacting women's organizations, health departments and provincial housing departments all across Canada. The majority of key informants were from provincial government departments. Others were academics, private consultants, or from a federal department or an advocacy group. The interviews collected key informants' opinions on important issues facing women, with a particular emphasis on their views as to how housing affects health and well-being. (See Appendix B for a list of interviewees.)

Delphi Panel: A Delphi study was also conducted as part of the research. Its purpose was to identify a consensus view on future directions that research and policy should take regarding housing as it impacts women's health and well-being. The Delphi Panel was formed by recruiting members who represented many different areas of expertise, including women's issues, quality-of-life indicators, housing, health and well-being. The members included academics, policy analysts, consultants, and advocates, among others. (See Appendix B for a list of Delphi Panel members.) Potential panel members were identified by the SPR research team through discussions with CMHC policy analysts and housing and women's organizations across Canada.

The Delphi study process used three rounds of questioning to obtain the views of the experts. The objective of the first round of the Delphi was to identify the most important issues affecting women – their housing, health and well-being. The second round of the Delphi was designed to obtain rankings of the relative importance of the issues which had been identified in Round I. It also sought to identify potential solutions to the issues and problems that had been previously identified. A third and final round of the Delphi study was used to try and reach a consensus view on future directions, and what should be emphasized in future research, policy and program initiatives. The Delphi component of the study was completed by distributing questionnaires to panel members. Summaries of Round I and Round II results and findings were distributed to panelists, along with the questionnaires for subsequent rounds, so that Delphi Panel members could consider each others' previous responses at each stage.

Statistical Analysis: Compiling current statistics for analysis was another component of the study. An update of the statistical tables from the 1983 report was produced. This update relied on published data and other custom tabulations, directed by the consultants, mainly from the Census, the Labour Force Survey, and the Household Income, Facilities and Equipment Survey (HIFE)[xi]. The analysis was broadened by using data from three additional sources, namely the Health and Activity Limitations Survey (HALS), Social Housing Data, and the National Population Health Survey (NPHS). The Health and Activity Limitations Survey data was used to estimate the percentage of women who might have particular housing needs because of disabilities. The Social Housing Data provided information on housing conditions. The National Population Health Survey was used to examine certain links between women's health and well-being and housing situations.

Data from each of the research components (Literature Review, Delphi Panel, Key Informant Interviews, and statistical analysis) provide the basis for the research findings.

CHAPTER 2: CONTEXT

Until the 1980s, housing issues and their effect on women's health and well-being have been given little consideration. However, currently there is data that can be used to provide insights into the position of women and their needs in the housing market, although direct links between housing and health and well-being are still not well documented. Because it is useful to contrast today's research with that of the past, the following section provides a brief summary of findings from the 1983 women and housing study, conducted by McClain and Doyle.

2.1 PAST RESEARCH

Women as Housing Consumers (McClain and Doyle, 1983), demonstrated, through a first-time review of Canadian housing and planning literature, that the position of women as consumers in the housing market had generally not been acknowledged.

Their report constructed a statistical profile of Canadian women using national data sources. This profile included family and household composition, the income position of women and responsibility for children, as well as tenure status, housing condition and shelter cost for women by type of household. Their work was challenging and innovative, given the lack of research available at the time. Some notable findings from the study were:

The "Hidden Consumers"

- Housing policy and planning studies up to 1983 had mainly emphasized the traditional nuclear "family" as the unit of study. The conceptual framework used to organize statistical information and to identify population trends and social needs were selective in their outlook and reflected an institutionalized bias which had ignored the importance of gender differences.

- The majority of women-led households were renters, with approximately one-third owning homes. Age seemed to carry considerable influence over women's access to home ownership, as nearly 70 percent of all women homeowners were over the age of 55.

- Women made up a small but growing part of the demand for lower-cost purchased housing; and women clearly dominated the demand for rental housing in the non-luxury market.

Socio-Economic Disadvantage

- Families headed by women were increasing, most notably in the younger and older age categories. Young single parents represented almost one-third of all the lone-parent population in Canada.

- Women were economically disadvantaged, but had made marginal gains in some parts of the labour force as of the early 1980s, most notably in full-time work, relative to men. Also, women were more likely than men to be employed part-time or on a casual basis. In addition, by necessity, women were more likely than men to work part-time in service sector work, maintain a business in the home, or do piecework.

The 1983 report concluded that women were not generally acknowledged as housing consumers, and that women's specific housing requirements were not addressed. The report's authors hoped that, because housing costs are the largest budget item for most households, there would be more interest in subjects such as: standards of quality; changing trends in the services housing must perform; assessment of reasonable housing costs; flexibility in accommodating housing needs and demands according to household composition and family income; and incentives to provide housing meeting the particular needs of individuals or groups of women.

The 1983 study of women as housing consumers found that existing housing research and statistics tended to ignore the particular situation of women in housing. Basic statistics on housing and women were found to be generally unavailable, with almost no research focused on issues related to women and housing or women as housing consumers.

2.2 Housing and Social Perspectives

Current literature suggests that even in 1997, social policy thinking, as in 1983, often still centres on the nuclear-family model comprised of a male breadwinner with a dependent female spouse and children, or the two-income family, with a wife's income supplementing the family budget. It has been suggested that these models have not only formed the view of Canadian society and the social policies which have been developed for them, but also have been literally "built into" society, into communities, as well as into the design of the housing stock (Wekerle and Novac, 1991).

One current example that uses this traditional family model is Statistics Canada's Household Income, Facilities and Equipment Survey (HIFE). For purposes of data collection, Statistics Canada considers the "household head" of a two-parent family to be the male, regardless of whether or not the female spouse has the higher income, has responsibility for household finances, or does all of the housework.[10]

This nuclear-family model is still a reality for many Canadians, but it is nowhere near as prevalent as 10-15 years ago. With a broader acceptance of alternative lifestyles and living arrangements, with increasing divorce and re-marriage rates, and with the harsh economic realities of the mid-1990s, many other very different types of households are common in Canada today.

Housing policy based on the nuclear model does not necessarily best meet the needs of changing household compositions, particularly, for example, for single-parent families. Research has suggested that housing design geared to the traditional two-parent family is not necessarily well suited for single-parent families, where one person is solely responsible for every household activity that in the past would typically be shared between two people. This means that the single parent, usually the mother, has to not only take care of household chores and raise her children, but also has to earn a living and look after house maintenance and repairs (Klodawsky and Spector, 1988).

Female-headed families are often unable to afford to live in single-family owner-occupied homes, and thus are often unable to live in neighbourhoods or communities with better schools, play facilities, and many community activities and supports. Indeed, 34 percent of single mothers do not own a vehicle, making it difficult for them to access these and other needed services, if the services are not located near the housing that they can afford.

As was noted in a paper presented to the Minister's Task Force on Housing by the New Brunswick Advisory Council on the Status of Women in 1988, women on low-fixed incomes are often forced to find low-rent housing, which tends to lack suitable play areas for children; be less hygienic, unsafe or in disrepair; be in outlying areas; and be inadequate in other ways, as for example, in overcrowding.

Despite such challenges, Canadian housing policy, with related programs at the federal, provincial and municipal levels, has attempted to provide access to adequate shelter for citizens through a wide variety of programs, generally targeted at specific groups with particular needs. Many of these programs have been targeted at the needs of families, and particularly female-headed families. Over the years, these programs have included several major initiatives,[11] such as:

- **Canada Mortgage and Housing Corporation's Public Housing Program** which was designed to provide housing for low-income households (beginning in the 1960s and continuing development through the 1970s). Units previously developed under this program are now operated by the provinces, with subsidies shared between the provinces and the federal government. Many of these units are occupied by female-led families.

- **Canada Mortgage and Housing Corporation's Non-Profit Housing Programs**. Before 1986, the underlying philosophy of this program, delivered mainly through municipalities and non-profit organizations, was to allow groups with low and medium incomes to co-habitate in the same environment. By building individual or multiple units for permanent occupancy, or by providing temporary shelter with special services, or by renovating older buildings, this program provided a wide range of new options for housing families and seniors.

  Under these programs, CMHC also funded housing for people with special needs, particularly those seeking temporary refuge, shelter and assistance. Seniors, female victims of family violence, people with physical and mental disabilities, emotionally disturbed children, Aboriginal people, and people involved with detoxification programs were given priority under these initiatives.

- **Canada Mortgage and Housing Corporation's Co-operative Housing Program** was, like the Non-Profit housing program, aimed at providing affordable housing. However, it also encouraged a degree of resident control by funding housing which was based on resident participation in the development, management and maintenance of units.

After 1985, Federal/Provincial/Territorial Programs delivered social housing on a cost-shared basis to low-income households, including seniors, families and unattached individuals. Various aspects of the non-profit and cooperative housing programs also received various "top-up" supports, additional subsidies for rent-geared-to-income units, and other supplementary funding with variations from province to province.

Altogether, through these programs, federal, provincial/territorial, municipal and non-profit partners had developed hundreds of thousands of units of assisted housing by the mid-1990s. The non-profit programs, for example, provided nearly a quarter of a million units of assisted housing built over two decades. And many of these programs had a high impact on female-headed families. For example, in its program evaluations in 1996, CMHC found that 67 percent of non-profit housing was occupied by female-headed households,[12] although such women may have had little or no input into the development or design of such housing. Most housing programs have attempted to provide housing units suitable to a household's needs. However, in the 1990s, different criteria and new approaches may now need to be taken into consideration to meet the needs of varying types of households.

Given that health is now seen as including a wide range of factors (emotional and social well-being), more must be provided than simply a housing unit, if "healthy housing" is to be achieved. Also, the previous focus of housing programs on providing the housing unit in isolation from other needs, essential for overall health and well-being, may have resulted in previous housing programs providing less than adequate housing for women; for example, public housing has not succeeded at meeting the housing needs of women.

Determination of "core need"[13] is an important aspect of housing policy that has not evolved in a way that reflects an understanding of changing households. Core need is a formulation used by CMHC to calculate level of housing need. The current criteria used to measure core need are *adequacy, suitability and affordability*.

Households who are unable to obtain unsubsidized market rental housing meeting suitability and adequacy norms without spending 30 percent or more of their income on rent are in core need.

Doyle (1992) argues, however, that these criteria may not be subtle enough to measure true aggregate housing need. She maintains that the *appropriateness* of housing to the needs of residents must be considered, and suggests a number of criteria by which appropriateness could be measured, including:

- accessibility to services, schools, work and daycare;
- design of units and neighbourhoods for physical play;
- privacy, but in the context of a supportive community; and
- opportunities for participation and control.[14]

These criteria, as stated above, are essential elements for measuring the appropriateness of housing in meeting a household's needs, and particularly important for assessing women's housing needs.

The theme of core need is explored further by Doyle in *Families and Children in Canada: The Housing Dimension*, in which she suggests that housing need is related primarily to tenure-type and household-type.[15] Tenure-type because the majority of households in core need are renters – those who rent housing tend to be those who have relatively few choices because they are concentrated in the lowest income brackets, and household-type because the vast majority of those in core need include single-parent families, unattached singles and seniors.[16]

However, the criteria used to measure housing need currently are not gender-neutral. Rather, they are narrowly focused on the physical and financial characteristics of shelter, and overlook some critical aspects of the role that shelter plays in the lives of women (location, safety, and freedom from harassment). Furthermore, security of tenure is not dealt with although it is widely accepted that frequent moving impacts negatively on health, comfort, and sense of security.

> Many analysts such as Doyle argue that new criteria are needed to fully measure the appropriateness of housing, including privacy, community support and participation and control.

CHAPTER 3: DEMOGRAPHIC AND ECONOMIC TRENDS

In order to explore the relationship between housing and its impact on the health and well-being of women, we should begin with a look at the current demographic profile of women in Canada. Then we will examine some basics of economics and housing affordability.

3.1 WOMEN IN THE CANADIAN POPULATION

The Total Population: Statistics Canada census data reports that females comprise 50.4 percent of the total Canadian population, or 14,179,500 persons, an increase of nearly 2 million since the previous women and housing study was completed in 1983. Women aged 15-24 account for 14.7 percent of the female population, followed by the 25-34-year-old age group, which accounts for 17.9 percent of the female population of Canada; 15.7 percent are in the 35-44 age group, with 44-54 year-olds accounting for 10.6 percent, 55-64 year-olds a further 8.7 percent, and 13.1 percent by over-65 year-olds.

Women and Aging: Census statistics show, not surprisingly, that the female population, like the population as a whole, is aging. Senior women over the age of 65 accounted for 10.9 percent of the population in 1981, and this percentage had increased to 13.1 percent for the same age group by 1991, with projections that by 2016, this percentage will have increased to 17.6 percent. As a rapidly growing group, older women are expected to be an increasingly unique group requiring housing in the coming decades.

Immigrant Women: In 1991, there were 2.2 million female immigrants living in Canada, according to Statistics Canada. These women accounted for just over 16 percent of the total female population and this percentage was similar to the 16 percent of the male population who were immigrants (2.1 million). The percentage of the Canadian population that is immigrants has remained stable at around 16 percent since the early 1950s.[17] Immigrant women thus also constitute an important, albeit stable, group of housing consumers.

Visible Minority Women: On the other hand, visible minority women have been a growing segment of the population, increasing from 6 percent of the population in 1986 to 9 percent by 1991, according to Statistics Canada, most of whom (79 percent) were born outside Canada. Most visible minority women live in large urban areas. While most are employed (60 percent compared to 63 percent for other women), they tend to have somewhat lower incomes than other women and visible minority men.[18] This rapidly growing group can be expected to call for innovative housing policies in the specific areas of discrimination in access to housing.

Location: Most Canadian women live within census metropolitan areas (57.4 percent), with a further 13.1 percent living within census agglomerations and 7.1 percent in other urban areas. Of the 22.4 percent of women who live in rural areas, 2.7 percent live on farms. Women also account for more than half the population in most major cities, with only modest variations between cities: Quebec City (51.4 percent); London (51.2 percent); Montreal (51.2 percent); and Winnipeg (51.1 percent) as the most female-dominated cities. Toronto (50.7 percent) and Vancouver (50.5 percent) are close to the national average, with Edmonton at 49.9 percent and Calgary at 49.8 percent being the only major cities with female populations slightly below 50 percent.

Household Types: The majority of Canadian women live in a household with a spouse (52.6 percent) or common-law partner (6.7 percent). Female single parents account for 7.3 percent of the total population of Canadian women, while 13.2 percent of females over the age of 15 live at home with parents. Single women living alone account for 12.3 percent of the female population, with a further 3.9 percent

living with unrelated persons and 3.9 percent living with other relations.

When looking at household types by age, there is a wide variation. In the under-24-year-olds category, 10.2 percent of women are married, with an almost equal number living in a common-law relationship (8.8 percent). In the group aged 25-44 year olds, 63.2 percent are married and 9.9 percent are living common-law. In the 45-64-year-olds category, 70.4 percent are married and only 3.4 percent live in common-law relationships.

Compared to the Canadian male population, the greatest differences in family status are reported in the 25-44 age group, where 20.3 percent of males are not living with other family members compared to only 12.9 percent of females, and in the over-65 year-olds, where 51.2 percent of women are either living alone or living with non-family people or relatives, compared to 22.1 percent of males living in these circumstances.

Single-Parent Families: There has been a steady increase in the percentage of single-parent families over recent decades, with single mothers accounting for most of this increase. In 1961, 9 percent of all families with children were headed by single females. This increased to 10.4 percent by 1971, to 13.7 percent by 1981, and to 16.4 percent by 1991. In comparison, the population of single fathers has shown much slower growth across the same time period, from 2.5 percent in 1961 to 2.8 percent in 1971, 2.9 percent in 1981 and 3.5 percent in 1991. This dramatic and continuing growth in female-led families is one of the most striking trends affecting the housing of Canadian women today.

3.2 Incomes of Women

A review of income distribution data from Statistics Canada shows that women today, as in the early 1980s, generally tend to have lower levels of income than their male counterparts. This is true for both unattached individuals and female-led families.

Unattached males have an economic advantage over females in all age groups, with the largest disparity evidenced for middle-aged women in the 45-54 and 55-59 age groups, where average female income of $26,435 and $22,155 is significantly lower than average male income of $32,277 and $28,038 for these age groups.

This same pattern is true for all other age groups, with young unattached females, under 24 years of age, averaging $12,290 compared to unattached males at $16,145, and 25-34 year-old females averaging $24,915 compared to males at $28,788. Even in the older age groups, the same sizable differences exist with 60-64 year-old unattached women having an average income of $19,892 compared to unattached males at $24,670. Females over age 65 report incomes of $17,106 compared to males of $23,782. These disparities are similar to the 1980 reports, where unattached females of all ages had significantly lower incomes (incomes round 70 percent of those of their male counterparts).

As in the 1980s, younger unattached women in the 1990s have the lowest incomes with 22.4 percent of under-24-year-olds reporting incomes of less than $5,000 and a further 29.7 percent of unattached women in this age group reporting incomes between $5,000 and $10,000. In 1994, only 3 percent of under-24-year-old unattached females had an annual income exceeding $40,000 compared to 6.7 percent of unattached males in the same age group.

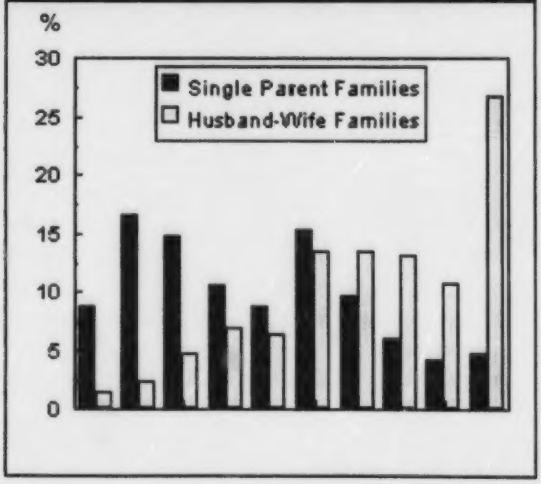
A relatively small percentage of unattached females in all other age groups reported incomes of under $5,000 in 1994, but a high proportion of unattached women 55 years and older reported incomes under $15,000, with 49.3 percent of 55-59 year-olds, 53.6 percent of 60-64 year olds and 59.6 percent of over-65-year-olds having incomes of less than $15,000. However, 18.5 percent of unattached women aged 25-34, 23.2 percent of 35-44 year-olds and 21.4 percent of 45-54 year-olds had incomes exceeding $40,000 in what are normally considered to be the prime income years.

Income disadvantages of females have continued in the 1990s much as they existed in the 1980s, so that women are systematically limited in their ability to obtain good housing.

Similar findings were revealed for male- and female-headed families, with 79.5 percent of under-24-year-old female-headed families, 55.5 percent of 25-34 year-old female-headed families, 36.4 percent of 35-44 year-old and 23.9 percent of 45-54 year-old female-headed families having annual incomes of under $20,000. Male-headed families in the same age groups reported only 24.2 percent of under-24-year-olds, 7.3 percent of 25-34 year olds, 5.9 percent of 35-44 year-olds and 5.85 percent of 45-54 year-old male-headed families having annual incomes under $20,000.

Equally, very few female-headed families reported incomes over $40,000 compared to male-headed families. For example, 67.7 percent of 25-34 year-old male-headed families had incomes over $40,000 compared to only 12.1 percent of 25-34 year-old female-headed families; and in the 35-44 year-old age group, male-headed families and female-headed families compare 75.7 percent to 24 percent, and 78.7 percent to 43.2 percent for 45-54 year-olds.

Display 1:
Distribution of Families by Income Group



Overall, when expressed in 1994 constant dollars, family incomes have changed very little from 1980 to 1994, with the average income for single-parent families rising from $29,090 in 1980 to $30,256 in 1994, and the average constant dollar income for two-parent families rising from $55,273 in 1980 to $56,442 in 1994.

3.3 FEMALE LABOUR FORCE PARTICIPATION

While behind men in incomes, women have continued to increase their presence in the labour force over the past few decades. As of April 1996, 77.8 percent of women aged 25-44 years were in the labour force compared to 91.3 percent of similarly aged men. A full 81.4 percent of 25-44 year-old unattached females and 77.3 percent of married 25-44 year-old females were in the labour force in April 1996, with divorced, separated and widowed women in the same age category reporting similar levels of labour force participation (averaging 75.2 percent).

When female labour force participation is examined within more detailed age groupings, it can be seen that the primary years of employment for women are between ages 20 to 54, with 67.9 percent of 20-24 year-olds, 77.5 percent of 25-34 year-olds, 78 percent of 35-44 year-olds, and 71.2 percent of 45-54 year-olds in the labour force. Participation rates fall dramatically after the age of 54, with 37 percent of 55-64 year-old women in the labour force and only 3.5 percent of over-65-year-olds. Also, female teens have a lower attachment to the labour force than 20-54 year-olds, with 42.9 percent of 15-19 year-olds in the labour force. This percentage of teens is not dissimilar from male 15-19 year-olds, 43.3 percent of who are in the labour force.

Older males, however, have a greater involvement in the labour force, with 75.8 percent of 20-24 year-olds, 91 percent of 25-34 year olds, 91.6 percent of 35-44 year-olds and 88.7 percent of 45-54 year-olds being in the labour force. The participation rate falls off at age 55-64 years to 58.7 percent compared to 37 percent for females

in this age group, and falls still further to 10.5 percent for males over the age of 65.

Women are much more likely than men to work part-time. In 1993, 26 percent of all women employed outside the home worked part-time. This compared with just 10 percent of employed men. Women accounted for 69 percent of all part-time employment in Canada in 1993. Many women work part-time because they cannot find full-time work. In 1993, 34 percent of female part-time workers wanted, but could not find, full-time employment, as compared to 20 percent in 1989.

While women have increased their labour force participation in the 1990s, labour force participation has still lagged behind that of men, with women having a higher rate of unemployment, contributing to their lower incomes.

The rate of female participation in the labour force varies significantly across the country, from a low of 37.8 percent of women employed in Newfoundland to a high of 58.8 percent in Alberta, compared to the national average of 51.9 percent. All of the Eastern provinces, as well as Quebec, report lower than average labour force participation rates for women, while Ontario and all other provinces to the West report higher than average rates.

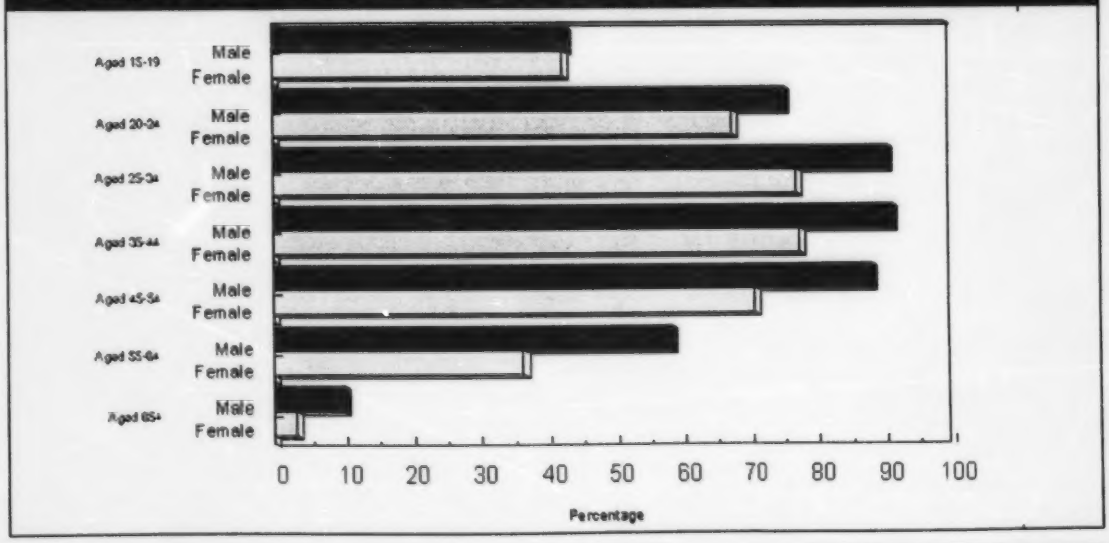
It is also interesting to consider family status in relation to labour force participation. In all, 74.2 percent of male heads of families are in the labour force compared to 63.1 percent of female heads of families, while male family heads report an unemployment rate of 7.7 percent compared to 11.1 percent for females.

3.4 HOUSING TENURE AND AFFORDABILITY

Tenure: As stable housing is considered to be one of the major determinants of health and well-being, it is important to consider rental and ownership patterns as key aspects of the housing situation of women.

In 1980, the overall percentage of females in rental housing was 63.3 percent, with 36.7 percent in owned housing. By 1995, the percentage of female-headed households who owned housing had increased slightly to 40.3 percent, with 59.7 percent in rental housing. Males, on the other hand, showed little change between 1980

Display 2:
Percentage of Females and Males in the Labour Force by Age Group



and 1995, with 71.2 percent in owned housing in 1980 compared to 70.8 percent in 1995.

By far, the largest numbers of renters fall into the under-24-year-old age group. This is true for both females and males, with 96.1 percent of females and 83.4 percent of males in the under-24 age group renting housing. Also, significantly more females rent than males in all other age groups, with overall 59.7 percent of females renting compared to 29.2 percent of males.

Affordability: As housing costs are usually the largest item in household budgets, the ratio of income-to-rent that a household has to pay for shelter costs has always been considered to be a key indicator of overall affordability. A rent-to-income ratio of 30 percent or more for low-income households, for example, is commonly viewed as indicating an affordability problem. (Also see Endnote 7 regarding affordability and "core need.")

It is important to point out that there has been a significant increase in the number of Canadians (both female and male) who pay more than 30 percent of their income to rent, compared to 1980 figures. Of female renters in 1980, 38.2 percent paid more than 30 percent of their income in rent, a percentage that had increased to 47.2 percent by 1995. This represents a crisis in housing affordability for women. Males have experienced a similarly dramatic increase, from 15.4 percent in 1980 to 27.2 percent in 1995.

A comparison between provinces of female renters who pay 30 percent or more of their income on rent varies across the country, with Nova Scotia and New Brunswick, at 50.2 percent and 51.4 percent, respectively, having the highest percentages of female renters in this category. Newfoundland (41.6 percent), Saskatchewan (42 percent) and Alberta (44 percent) have the lowest percentages of women who pay 30 percent or more of their income in rent.

In the Western provinces, these percentages have remained fairly similar to the percentages in 1980; but in some other provinces, there has been a significant increase, such as in Quebec where the percentage has increased from 31.6 percent in 1980 to 48.4 percent in 1995, and in Nova Scotia, from 35 percent in 1980 to 50.2 percent in 1995.

There are also wide variations in the percentages of female renters who pay 30 percent or more of their income in rent in Canada's three major cities, with Vancouver, the lowest, at 39.4 percent, followed by Toronto, at 44.7 percent, and Montreal, the highest, at 50.1 percent.

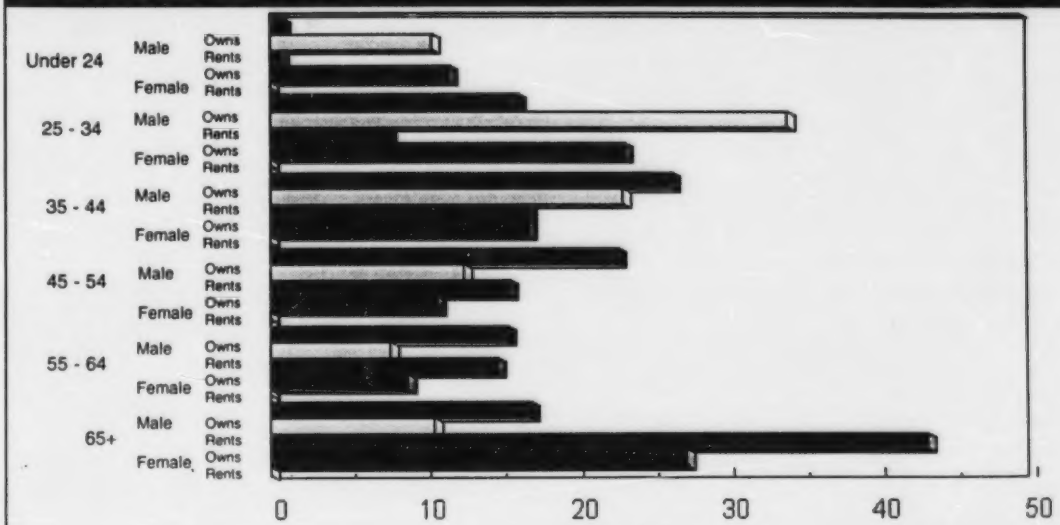
However, this same pattern is not true for male renters in these same three cities. Not only do the cities fall into a different order, with Vancouver the highest, followed by Montreal and then Toronto, but also the percentages are significantly lower in each city, at 31.2 percent, 30.6 percent and 23.7 percent, respectively. Thus, in Toronto, nearly twice as many women as men pay 30 percent or more of their income in rent, while in Montreal about 20 percent more women than men are in this position; only in Vancouver are women and men reflecting similar affordability ratios.

As with rent-to-income ratios, home ownership, with and without a mortgage, is an important indicator of affordability. Overall home ownership rates have changed slightly since 1980, with an increase in home ownership without mortgages for both females and males, 24.4 percent in 1980 to 25.5 percent in 1995 for females and 29.2 percent in 1980 to 32.4 percent in 1995 for males.

Housing condition, maintenance and repair needs all impact on quality of life, health, and the longer-term cost of housing. Looking at single-family households with owned housing, 76 percent of two-spouse households reported that their housing needed no repair compared to 70 percent of two-spouse renting households. Of those households that have housing in need of repair, 9.7 percent of owners and 11.5 percent of renters report that major repairs are needed.

Single-parent homeowner families report significantly greater need for major repairs to their housing than two-spouse families, with

Display 3:
Tenure Status by Sex and Age, 1995



19.1 percent of single mothers and 15.4 percent of single fathers reporting the need for such repairs. Single parent renters also report needs for major repairs, with 33.3 percent of females and 40.2 percent of males indicating the need for repairs, with 13.5 percent females and 20 percent males indicating that these repairs were major rather than minor repairs.

Women faced increasing affordability problems in the 1990s as did men, but in 1995, women (at 47.2 percent) were almost twice as likely as men (27.2 percent) to face affordability problems.

CHAPTER 4: THE IMPACT OF HOUSING ON WOMEN'S HEALTH AND WELL-BEING

Many factors are associated with housing as it influences and affects women's health and well-being. The following section details the principal factors that impact on and contribute to the physical, psychological and social well-being of women. A list of these factors was developed through this study's literature review, key informant interviews and Delphi survey. Housing choice, specifically, affordability, supply and access, was found to be the primary factor affecting women in the 1990s, with security of tenure and discrimination forming secondary factors. Beyond affordability and access to housing, many other contributing factors play an important role in women's health and well-being, as detailed below. Each sub-section of Chapter 4 describes specific factors and how these factors affect women and their housing, and health and well-being.

4.1 HOUSING CHOICE (Affordability, Access and Supply)

The majority of women in two-spouse families live in an owner-occupied home. Indeed, 79 percent of married women lived in such housing in 1994, according to Statistics Canada. However, other women, especially single mothers and women with low incomes, tend to have alternative housing arrangements. In 1994, only 31 percent of single mothers were homeowners, compared to 58 percent of single fathers.

Women's choices in housing are significantly limited by the fact that they are more likely to rent, with the attendant problems of accessing affordable and suitable housing. Those having to spend more than 30 percent of their gross household income to obtain adequate housing are considered to be in core need. (See Endnote 7 for additional details.) According to CMHC analyses, 32 percent of Canadian families are considered to be in core housing need. Fifty-six percent of core need households are headed by single parents, most of whom are women rather than men (over 80 percent female-headed in 1991) who spend an average of 47 percent of their income on shelter costs (Andrew et al., 1994). The severity of this situation becomes even clearer when considering that, in 1991, of those who rented, 54 percent of all Canadian single mothers – numbering 786,000 at that time – were considered to have housing affordability problems. This was in comparison to 31 percent of single fathers and 21 percent of two-spouse families experiencing housing affordability problems.

Doyle (1992) points out that the growth of foodbanks and the need for school lunch programs over the past few years have paralleled continuing increases in urban rents and continuing limited incomes. This pattern likely means that declining housing affordability has a direct impact on the health of families and children, when more income must be spent on shelter. Thus, high housing costs directly affect the amount of income that is available to be used for other needs (food, clothing, etc.), many of which, when unmet, directly affect health and well-being. As noted by a Delphi panelist, "...shortage and inaccessibility only promotes subsistence living."

Lack of housing choice and access to housing are both directly linked to affordability. Women can only choose housing within their budgets, but affordable housing units are typically very scarce. This lack of affordable housing affects many groups of women, including women experiencing family violence, and young, single mothers. Some women are forced to continue living in abusive relationships and/or precarious living situations because there are few affordable options.[19] In a similar vein, in Toronto, as in other cities, there are growing numbers of single women, single mothers, and pregnant adolescents who are homeless because they cannot afford housing. Similarly, in the North, lack of affordable housing options results in overcrowding, which is a chronic condition in Inuit communities.

Aboriginal and Inuit Women: Indian, Métis, Inuit and other Aboriginal women are greatly disadvantaged in the housing market. Social and economic indices indicate that, as a rule, Aboriginal women fall into the lowest levels of economic status, employment and housing. According to Statistics Canada, Aboriginal women experience higher levels of unemployment than other women, have lower average earnings, tend to have less formal education and have a shorter life expectancy than other women. Aboriginal women, therefore, represent one of the most disadvantaged groups of all Canadian women.

Mason (1996) suggests that there is a strong need for adequate, livable, clean and culturally appropriate housing for all Aboriginal people in urban centres. Culturally appropriate housing would ideally be Aboriginal-owned and operated; would accommodate visits from elders or counselling programs for behaviour or substance abuse; would not restrict housing for those who abuse alcohol or chemical substances; and would provide a mini-community which embraces a culturally appropriate environment.

According to Statistics Canada, Aboriginal women experience higher levels of unemployment than other women, have lower average earnings, tend to have less formal education and have a shorter life expectancy than other women. Aboriginal women, therefore, represent one of the most disadvantaged groups of all Canadian women. These disadvantages compound the negative impacts of housing difficulties.

According to one report, severe overcrowding and resulting familial conflict have resulted from the restriction of Federal funding for housing in Northern Canada (Pauktuutit Women's Association, 1996). This overcrowding has meant that many Inuit families continue to live in inadequate or unsafe housing, and that Inuit women are particularly vulnerable to the impact of poor housing, as these housing conditions exacerbate other social problems.

As there is a severe shortage of alternative housing arrangements and few emergency shelters, Inuit women and children are often forced to stay in violent households where potentially dangerous or even deadly situations can arise. Also, the lack of adequate housing, combined with other social issues and problems, has increased the breakdown of the traditional Inuit culture and contributed to a high drop-out rate for students. High unemployment and marginal attachment to the labour force precludes many Inuit from maintaining secure and adequate housing, especially privately owned housing. The problems are exacerbated by the extremely high cost of housing in Canada's Northern communities. Because of these multiple factors, 44 percent of households in the Northwest Territories are estimated to be in core housing need, compared to 14 percent of households in other areas of Canada.

These housing concerns for Aboriginal and Inuit women were summarized by one Delphi panelist who noted that:

> "Overcrowded housing is a chronic condition in Inuit communities. It has been rated as a priority issue by the membership of the Inuit Women's Association of Canada. Overcrowding has a direct and negative impact on the mental and physical health of Inuit, especially with regards to the spread of contagious diseases and inadequate infrastructure, i.e., plumbing, sewage."

Data shows that Aboriginal and Inuit women face extremely poor housing conditions in Canada today.

Women With Disabilities: Women with disabilities are another group of Canadian women with particular housing issues. The 1991 Health and Activities Limitations Survey (HALS) reports that 17.5 percent of all Canadian women over the

age of 15 have some type of disability, with the highest rate of disability being women in the 65+ age group (43.9 percent). Of all disabled women over the age of 15, 45.7 percent report a mild disability, 34.7 percent a moderate disability, and 19.6 percent a severe disability.[20] Unfortunately, there is a lack of current Canadian figures regarding disabled women and housing, although some international data illustrates this issue.[21]

Just as housing affects health and well-being, equally health status may affect housing opportunities. Medical factors such as physical and psychiatric disabilities and poor health generally may influence access to housing, whether in the public sector where accommodation is traditionally allocated according to need, or in the private market where housing availability depends on ability to pay. Insofar as some living environments are less healthy than others, it is probable that these provide the majority of housing opportunities available to people already in poor health. Housing provision can therefore be considered health selective (Smith, 1990). Smith notes that it is currently impossible to make a quantitative estimate of what proportion of sick tenants in British public housing are ill because they live in unhealthy housing and what proportion of unhealthy people are selected into the poorer segments of rental stock because of their low incomes and limited bargaining power. For example, while those with disabilities or medical needs can still be considered healthy, they may have less access to housing because of such factors as low incomes, limited ability to secure mortgages, due to limited employment capabilities or opportunities, and restricted abilities to function in the community.

Regional Differences: With the exception of the three most western provinces, there has been a substantial increase in affordability problems across Canada. Female-headed households spending 30 percent or more of their income on housing increased by 9 percent between 1980 and 1995. The most marked increases were found in Quebec (increase of 16.8 percent), Nova Scotia (15.2 percent increase) and Ontario (10 percent increase). On the other hand, in the provinces of Saskatchewan, Alberta and British Columbia, the number of female-headed households spending 30 percent or more of their income on housing dropped by an average of 2.6 percent in the same time period.

These data underline the importance of ensuring affordable and accessible housing. This goal may be achieved in a number of ways, or combination of ways, of which government funding for specific housing programs is only one way. In fact, innovative approaches are likely to be needed in the future to meet the varying housing needs of Canadians.

This situation was summarized by Delphi panelists, who suggested that "maximum range of choice for housing that is both affordable and in plentiful supply should be a top priority with respect to women's health and well-being," and that "our present economic and social environment increasingly threatens access and affordability and supply of housing to women."

4.2 HOUSING STABILITY/SECURITY OF TENURE

Housing must be stable and secure, as well as affordable. While the majority of Canadian women living with a partner are housed in relatively stable and secure situations, it has been suggested that insecurity of tenure is perhaps the most critical housing issue that needs to be addressed for vulnerable groups. Constant moving, particularly as a result of circumstances over which one has no control, undermines confidence, well-being, the development of children, and, consequently, health. "Stability is related to sense of worth and sense of well-being" according to a number of Delphi panelists, who further suggested that "once women access stable housing (then) all other aspects of life improve immeasurably."

Encouragingly, there has been a slight increase in the number of female homeowners over the past two decades, suggesting increasing housing

stability for some women. In 1995, the rate of female home ownership was 3.6 percent higher than in 1980, although it still remained 30 percent lower than the rate for males. Among all female homeowners, the largest increase (5.6 percent) occurred in the 35-44-year-old age group, perhaps due to the increasing number of divorced women who may continue to live in owned housing after divorce and the increase in single women who are able to enter the lower end of the home ownership market (Skaburskis). The largest decrease (5.9 percent) in home ownership among women occurred among the 55-64-year-old age group, most likely due to a lower rate of labour force participation and resulting reduced income. Across Canada, female home ownership since 1980 rose in all but three provinces. The most marked increases were found in Alberta (13.4 percent), Manitoba (10.6 percent), and New Brunswick (6.2 percent). However, the female home ownership rate declined by an average of 2.5 percent in Saskatchewan and Newfoundland, and by 7.8 percent in Prince Edward Island.

Having to rent housing has many implications, not least of which is the uncertainty of tenure when renting. According to a 1990 CMHC study, five times as many renters as homeowners had moved in the previous 12 months, often not by choice but because of increased costs, loss of income, or eviction (for various reasons, including owner re-development). As reported by Konrad Yakabuski in *The Globe and Mail*, May 27, 1997, it is estimated that as many as 175,000 tenants in Montreal move on July 1 each year. This moving day ritual is hardest on poor tenants and those with children who have to adjust to new schools, new friends, etc. Yakabuski notes that *la Commission des droits de la personne et des droits de la jeunesse*, Quebec's human rights body, suggests that the inability of thousands of Quebeckers to find affordable housing has reached crisis proportions. A recent study by the Commission estimates that as many as 280,000 families, a quarter of the province's families which rent, are unable to find affordable housing that meets the United Nations criteria for basic accommodation, largely because of discrimination against welfare recipients, visible minorities, single mothers and low-income families.

Impacts of such dislocation are significant and varied. One of the greatest impacts of having to make frequent moves is on children, who are deprived of their sense of community and rootedness. Such dislocation is also extremely important for single mothers who tend to depend more on friends and neighbours for support than do women in two-parent households.

Middle-Aged and Senior Women: Women of all ages may experience economic and housing disadvantages, and some particular challenges can be related to age. For example, middle-aged women may be required to move from the social housing, or to a smaller unit within social housing, in which they raised their families because they no longer have dependent children. These women are likely to have problems finding housing elsewhere due to their low income, discrimination, and other factors.

Senior women may experience a wide range of problems because of the failure by spouses, family, and society to recognize their work in the home, because of their long-time economic dependence on a spouse and because of their greater life expectancy and subsequent deterioration in health and reduced physical capacity. Furthermore, rather than moving to a nursing home or other care facility, many elderly women prefer to remain in their family home for as long as possible because of strong emotional attachments to their familiar surroundings. Women may find themselves homeowners in later life, often because of inheritance. However, such housing may exceed the needs of many older women so that "overhousing" becomes an issue. For example, the housing may be more of a burden, in terms of maintenance, etc., than a benefit, at a time when smaller, convenient, maintenance-free housing is a greater priority than homeownership.

For owners, housing expenses may be low, but other factors such as the stress and effort of moving and setting up a new home must also be

taken into consideration. For these reasons, the "aging in place" phenomenon is prevalent. In order to protect the health and well-being of these women who choose to stay in their homes, appropriate health and support services must be provided in the community, to complement their housing choices. Also, for women who care for elderly family members, traditional housing forms do not usually provide appropriate accommodation for multi-generational families.

Tenure and housing stability can have a significantly positive effect on physical health and well-being. For example, the National Population Health Survey (NPHS) data indicate that female homeowners experience lower levels of stress and better health generally than female renters. Renters, especially those in the 35-44 year age group, also reported significantly high stress levels on an index including activity overload, financial difficulties and relationship problems.

Data from the National Population Health Survey indicate that female homeowners experience lower levels of stress and better health generally than female renters.

4.3 DISCRIMINATION IN HOUSING

Many different kinds of discrimination are faced by women in accessing housing. There are many factors that precipitate this discrimination, including, but not limited to, gender, ethnicity, marital status and social status. Discrimination in renting results in homelessness for some already disadvantaged women, and discrimination in financing creates barriers for women who might otherwise own their homes. The overall result of discrimination is that some women end up having to accept second or even third best housing situations than they might otherwise obtain.

Discrimination in Renting: Discrimination of women by landlords or property managers is generally considered to be common. This discrimination may take the form of refusing to rent to a woman because of her gender, because she has children, or because of her socio-economic status, among other things.

Harassment of a female tenant may also be a concern, and can then take many forms, ranging from intimidation and threats to get her to move out, to the currying of sexual favours as a condition of carrying out essential repairs (Andrew et al., 1994).

Garon (1997) also notes that lease or rental agreements possess characteristics that are likely to cause landlords to use caution in the choice and treatment of tenants. First of all, a lease is a contract involving large sums of money. Secondly, the period of time covered in a lease can be quite long, and once signed, the lease legally allows the tenant to stay in the unit for that period of time. Thirdly, because a rented unit remains the property of the owner, tension can exist between the owner, who retains a certain authority because of ownership rights, and the tenant, who has a right to be "at home" in the unit. Thus, some of these characteristics can give the owner a sense of "absolute" rights in choosing his or her tenants, in negotiating according to his or her own terms, and to act on his or her own perception of the risk certain groups can present.[22]

That such discrimination is widespread was illustrated by a Quebec Human Rights Commission investigation in 1989 into discrimination in housing. The Commission found that, over the years, one group of people emerged as particularly vulnerable to discrimination, namely people with lower incomes. This type of discrimination was cited in 42 percent of the cases presented to the Commission in 1994. The study noted that these cases were often also associated with other complaints, in particular, gender, marital status or age (including the presence of children), race or ethnic origin (Garon, 1997). In a related study, a survey revealed that two-thirds of women tenants in Montreal inner-city neighbourhoods had faced some form of discrimination and/or sexual harassment in the mid-1980s (Aubin et al., 1986).

A later Ontario study (Novac and Assoc., 1994) found that 28 percent of female renters have been negatively affected by harassment from landlords, their agents or other tenants. Sexual harassment can range from verbal comments up to sexual assaults. Harassment affects women in the home in the same way as in the workplace, with negative impacts on health and well-being.

Discrimination Against Teenage Mothers: Young mothers are a group with critical housing needs, particularly immediately after the birth of their child if they are no longer living with their parents. Teenage mothers may encounter a combination of prejudices, including those against welfare recipients, young tenants and tenants with children. Young mothers also have complex needs and require long-term services to provide educational and vocational training, as well as supportive housing (with associated services), healthcare and access to affordable daycare. Such services are also important to increase their potential for improving their economic status through entry into the labour force.

The incidence of teen and young mothers, a large proportion of whom are lone mothers, is rising, as reported by Statistics Canada. In the early 1970s, the percentage of single mothers under the age of 35 years was 7 percent. This had increased to 12 percent by 1979-82 and increased further to 15 percent by 1990-91. At the same time, the percentage of under-35-year-old women who were married mothers declined from 58 percent in 1973-75, to 54 percent in 1979-82 and to 48 percent by 1990-91 (Dooley, 1995).

Most of these young mothers and their children live below the poverty line. Evidence for this is seen in Statistics Canada data (1992) which shows that the mean income for husband-wife families was $62,050, compared to $38,780 for single-father families and $24,080 for single-mother families. This translated into a poverty rate, as defined by the Statistics Canada's low-income cut-off line, of 9.6 percent for two-parent families, compared to 20.9 percent for single-father families and 57.2 percent for single-mother families.

The population of single mothers under age 35 has doubled in the past two decades, with a poverty rate for single-mother families more than five times as high as that for two-parent families.

Discrimination Against Visible Minority/ Immigrant Women: Some other women are doubly disadvantaged in the housing market, notably immigrant women and those belonging to racial minorities. In addition to the problems they already face as women in the housing system, they must also deal with discrimination based on race and immigrant status.

In 1991, an estimated 1.3 million women in Canada belonged to a visible minority group, an increasing percentage of the population of women in Canada. Ninety-two percent of these women resided in census metropolitan areas, representing 14 percent of all women living in these areas. Several factors suggest that these women face greater economic disadvantage and thus greater obstacles to achieving good housing. Visible minority women are less likely to be employed than other Canadian men and women, experience higher levels of unemployment, and thus have less earnings from employment. In 1990, 28 percent of visible minority women had incomes below Statistics Canada's low-income cut-offs, compared with 16 percent of other women (Statistics Canada, 1995).

Discrimination in Obtaining Mortgages: Women may also face discrimination when trying to access capital through credit and loans from financial institutions. Credit is a particular concern for women, even though home ownership rates among Canadian women have increased from 36.7 percent in 1980 to 40.3 percent in 1995.

This phenomenon is illustrated by a variety of international data. A 1995 American study, *Unlocking the Door III: A Call to Action: Home ownership and Access to Capital*, suggests that attitudes are generally biased against providing credit to women.

This study notes that lender biases prevent women from gaining access to credit; that society does not traditionally think of women as homeowners; that the credit histories of women are dealt with more strictly than their male counterparts; and that credit application denial rates are consequently higher for women than for men.[23]

Also, married women are usually required to have mortgage applications countersigned by their spouse, regardless of the relative levels of income between the couple. Male mortgage applicants are much less likely to face this requirement. While Skaburskis (1997) has suggested that there may be no evidence for lending discrimination according to gender in Canada, a recent study conducted by the Canadian Federation of Independent Businesses (CFIB) paints a different picture.

In that study, conducted in 1995, the CFIB found that discrimination against women in financing is two-fold: women seeking financing are refused 20 percent more frequently than men; and women are regularly charged a higher rate of interest than men. As one of CFIB's Quebec economists said, "If you are a man seeking financing from any of Canada's financial institutions, odds are unacceptably high that you'll be refused. If you are a woman, these odds rise even further."

Although this study concentrated on owners and operators of small businesses, these results may also suggest that women face similar discrimination when applying for financing for housing. This question can only be resolved in Canada by systematic future research. Not having this information means that the impacts of lack of access to home ownership are unknown.

4.4 HOMELESSNESS/EMERGENCY SHELTERS

The links between homelessness and health have been documented by many authors. This body of research indicates that women, including female-headed families, are the fastest growing sub-group of the homeless population. In 1995, for example, it was estimated that about 35 percent of Toronto shelter users were women (Advisory Committee on Homeless and Socially Isolated Persons, 1996). In 1996, it was estimated that approximately 30 to 40 percent of the homeless population in Montreal were women (Fournier et Mercier, 1996). A more recent count of hostel users in Toronto identified 12,588 single men, 4,439 single women, 1,450 two-parent families, and 1,765 single-parent families – an approximate breakdown of all adults show that a high percentage were women (Novac et al., 1996).

The recent increase in the number of homeless women in Canada has been unprecedented this century. There are many factors which contribute to this homelessness, ranging from affordability problems (e.g. low income, lack of access to affordable housing) to familial/social reasons (e.g. an overcrowded household, abandonment by parents or a spouse, etc.). Divorce rates and the growing violence against women play a great role in increasing homelessness, reflecting a broader international trend.

Homeless people and families who use shelters are vulnerable to a variety of negative impacts on health, including overcrowding and inadequate physical environments of temporary shelter, lack of primary healthcare services, and the stresses of transitory living. Crowded living conditions and the use of common facilities such as kitchens and bathrooms also put shelter children at higher risk of health problems because of the potential for the rapid spread of illness and disease (Burg, 1994). Homeless people who do not use shelters, but who instead live on the street, have a significantly higher prevalence of illness resulting from exposure to the elements, violence, poor nutrition, parasites, and infectious disease (Burg, 1994). One such group with very little access to emergency/transition shelters is those in the North. The extent of overcrowding in Inuit communities is a major cause for homelessness, yet there are very few, if any, shelters for the homeless in these communities. Given the environmental conditions that make access to shelter during the winter months an absolute

necessity, many people are forced into transient lifestyles, moving among family members and friends where possible.

Health is very likely to suffer as a result of such frequent moves. Proper medical care for many illnesses require medications and rehabilitative services, access to out-patient care, and adequate nutrition and living conditions, some or all of which may not be available to homeless women and children. Furthermore, Burg states that while mothers are trying to provide for their children in the face of housing disruptions, domestic violence and extreme poverty, they often pay insufficient attention to their own state of health.

Homelessness also contributes to family breakdown and an increase in the number of children who are put into care. Homeless people are particularly vulnerable to diseases such as arthritis, rheumatism and to mental illness.

Shelters are not a good long-term response to homelessness. Canadians need permanent housing rather than temporary shelter, and the increasing numbers of homeless citizens, many of them women and women with children, suggest that much more attention will have to be paid this issue in the future.

Increased homelessness among Canadian women in the 1990s – the most rapidly growing sub-group in the homeless population – is significant. The impact on families and children, especially where shelters and emergency housing is unsuited to families, is severe.

4.5 VIOLENCE AGAINST WOMEN

Scope of Violence: Violence against women is another important factor that must be considered when evaluating the influence of housing on women's health and well-being. The 1993 Violence Against Women Survey by Statistics Canada indicated that one-half of Canadian women has experienced at least one incident of physical or sexual violence since the age of 16, and that 25 percent of all women have experienced physical or sexual violence at the hands of a marital or common-law partner.

According to that survey, the highest rates of violence were reported by women in British Columbia (59 percent), Alberta (58 percent) and Ontario (53 percent), with the national average being 51 percent. The highest rates of violence were reported by women with household incomes under $15,000, by young women 18 to 24 years of age, and also by those with some post-secondary education.

Violent Partners: The impact of violence on women's housing choices, as well as having a direct effect on their health and well-being, is significant. In a violent relationship, women must decide to either stay or leave their abusive partner. Many different factors play a role in this choice, and things such as lack of affordable housing, fear, pressure by family, economic consequences, and unwillingness to disrupt children have caused women to stay with their partners, despite the threat of further harm. On the other hand, many women choose to leave their home and go to family, friends or shelters for either temporary or long-term help, experiencing dislocation and stress.

The 1994/95 Transition Home Survey conducted as part of the Federal Government's Family Violence Initiative reported that 85,259 women and dependent children were admitted to transition homes, either emergency or second-stage shelter, in one year. Of these, 79 percent of the women were escaping an abusive situation, 70 percent of whom were fleeing a physically abusive situation, 47 percent had experienced threats, and 20 percent reported sexual abuse (percentages overlap and thus total over 100 percent). Forty-three percent of the women in these facilities were aged 25 to 34.

Recent cutbacks in shelter funding, resulting in a reduction of services, combined with a lack of affordable housing may force women to stay in their home with an abusive partner. This is

especially reflected in the transition to permanent housing. Examining this topic, a recent study of second-stage housing in Canada found that only some 500 units of second-stage housing were available in Canada in 1996, as compared to an estimated need for 1,500 units, with the result that many women return to abusive relationships because they have no place to go (Harvey, 1997).

Personal Safety in Violent Neighbourhoods: The 1993 General Social Survey of Statistics Canada indicated that, overall, the total personal victimization[25] rate was 11 percent higher for women than for men. Furthermore, separated or divorced women had the highest rate of personal victimization (twice as high as the rate for separated or divorced men), and the single women's rate was 27 percent higher that the single men's rate. In the 1993 survey, females also felt less safe walking alone in their neighbourhood after dark (percentage of women indicating this ranged from 40 to 57 percent across age groups from 15 to 65 and over).

If a woman is forced to live in a neighbourhood or environment where she feels unsafe, not only is her physical health threatened, but the stress resulting from constant uneasiness or fear will also affect her well-being. In 1993, 37 percent of women aged 15 and over reported feeling very or somewhat worried when they were alone in their homes in the evening or at night (General Social Survey, 1993). Furthermore, if there are children involved, a safe neighbourhood is of great importance especially with regard to providing safe outdoor play spaces.

Numerous studies by Statistics Canada and others indicate the widespread problems of violence against women. The lack of housing alternatives means that many women return to dangerous relationships simply because they have no other place to go.

4.6 PARTICIPATION AND INFLUENCE OVER HOUSING ENVIRONMENT

Having "influence" or control over one's housing is a critical factor creating a health-promoting environment, so that through opportunities for meaningful participation and control over conditions affecting one's life, and the ability to remain in a stable community, housing can enhance the health and well-being of residents.

Owning a home permits greater control over housing, as homeowners are free to make their own decisions about their homes. Renters' sense of control, on the other hand, is more limited as they have less freedom to act in a whole range of areas. For example, many renters are not free to decorate their home as they choose. It is important to assess the amount of control women feel they have over their housing, as this sense of control plays an important role in a woman's mental and social health, which is related to social identity and sense of belonging.

Similarly, participating in collective processes such as decision-making or control over housing gives residents an increased sense of worth and of well-being. Local decision-making and tenant involvement in rental housing result in the same type and level of satisfaction that is experienced by homeowners. This is largely evidenced by the success of CMHC's co-operative housing program in which housing is controlled by and for residents (Doyle, 1992). In this vein, Delphi panelists noted that "... status and control are major determinants of health, plus involvement improves relevance and quality."

Statistics Canada's National Population Health Survey (NPHS) data indicates that female homeowners report a higher sense of mastery (control over their lives) than female renters. In the same vein, a study of the role of tenure in community and sustainability completed for the CMHC's Centre for Future Studies in Housing and Living Environments found that participation and satisfaction does not correlate with income

and education alone, but rather were strongly influenced by level of control. Co-op residents, third in average education and income among a sample of four tenure-types who completed the study survey, came out top in satisfaction, neighbourhood commitment and participation (Taggart, 1993). Women's involvement in co-op housing was shown to result in a number of positive impacts on the lives of women, as was reported in CMHC's Evaluation of Co-operative Housing, 1991. Thus, participation and control of housing decisions appear to contribute in a variety of ways to better housing decisions and utilization, as well as social psychological benefits.

Such data suggest that a constructive goal for housing programs would be to provide opportunities for women to improve their sense of social identity by developing supportive ties that are not interrupted by forced moves; to mitigate the effects of low social position that result in low self-esteem; and to provide opportunities for meaningful participation and control over housing and other conditions affecting women's lives (Doyle, 1992). As summarized by participants in the research for this study "participating in collective processes is a very good way to increase people's sense of worth and therefore of well-being."

Participation and control over housing decisions appear to contribute in a variety of ways to better housing decisions and utilization, and are key elements of housing that contributes to overall health and well-being.

4.7 SENSE OF COMMUNITY AND SUPPORT NETWORKS

Having social support within one's community can contribute greatly to a person's social, emotional, mental and physical well-being. This social support comes from strong, active community ties with neighbours, friends, kin and co-workers who provide various types of support, including companionship, emotional aid, and services, ranging from health care and child care to "house-sitting" for vacationers. People deal with problems more effectively, suffer fewer illnesses and live longer when they have other people helping them deal with needs, pressures and opportunities (Wellman et al., 1993).

When considering the relationship between their housing and their family's well-being, women are concerned about the effects on their own and their children's mental and physical health. They are also likely to consider issues about the community, including its safety, comfort with neighbours, and their sense of "real home"; quality of maintenance and management; and influence over their housing setting.

In this vein, Lindheim and Syme (1983), Klodawsky and Spector (1988), and Doyle (1992) have emphasized a view of housing as a social environment. Doyle's study was grounded in the literature on determinants of health which shows that increased rates of disease occur when supportive ties between people are interrupted; when people occupy low positions in a hierarchy resulting in low self-esteem, have less opportunity for meaningful participation and less control over conditions affecting their lives; and when people are disconnected from their biological, personal, and historical past.

Local community involvement and neighbourhood interaction thus may be most important to those women who tend to spend the most time in the home, namely, housewives, homeworkers, women with disabilities, children, elderly women and those without personal transport. For these people, community and social support not only provides them with resources for their social and physical well-being, but also provides them with a sense of belonging and attachment, which is important for their emotional well-being (Wellman et al., 1993). Furthermore, support networks and a sense of community are essential to develop and maintain personal and neighbourhood safety.

National Population Health Survey (NPHS) data indicate that women report more social support and social involvement than men. Female single parents, however, report less social support and considerably less social involvement than single or married women. Of all Canadian women, female renters also reported less support and less social involvement compared to female homeowners. These are important findings when considering that support and social involvement play an integral role in social well-being. As suggested by Delphi panelists, "women living in both private and social housing are best able to survive if they live in a strong independent community where people look out for each other."

> People deal with problems more effectively, suffer fewer illnesses and live longer when they have other people helping them deal with needs, pressures and opportunities. Social supports in this way become a key element of healthy housing for women

4.8 LOCATION OF HOUSING

The location of housing is a key issue for all women, and perhaps most particularly for single mothers who may rely more heavily on community and social supports than other women. It was suggested during the research for this study that a major priority for the location of housing is in areas where there is easy access to essential social services, particularly in cases where women have limited access to private transportation. Not only do women tend to have less access than men to private transportation or automobiles, but also they usually have less time than men because of the need to juggle job and family responsibilities. An appropriate location, not isolated from transit or services, is also likely to be and be seen as a safer location.

Location is a particularly important issue for social housing since many social housing projects tend to be developed in "second choice" locations, such as redeveloped industrial lands, remote suburban locations, etc. Location may also impact on health issues if housing is located in areas with pollution concerns, in areas with other environmental concerns such as exposure to lead or mercury, or in areas with poor air quality.

Green spaces such as parks and playgrounds are of special importance to women with children, particularly if their housing does not provide a front/backyard or communal "leisure" area. Further, high-crime-rated neighbourhoods not only pose a threat to the physical well-being of women, but may add emotional and mental stress as well, given that women may be concerned for their children's and their own safety.

4.9 QUALITY OF HOUSING AND MAINTENANCE

Housing quality and maintenance are also factors that affect women's health and well-being. In 1994, 35 percent of the homes of single mothers required either major or minor repairs, which was substantially higher than that for two-parent families (25 percent required repairs). At the same time, 18 percent of unattached senior women (65 and over) and 27 percent of those aged 15-64 lived in homes that needed repairs (Statistics Canada, 1995). It is important to realize that women are more often subjected to these poor-quality housing conditions due to a variety of factors, as previously detailed in this report.

Many studies in past decades have demonstrated that certain types of housing environments are directly harmful to public health. Among some of the aspects of inadequate housing that might adversely affect health are: poor or non-existent temperature control and ventilation; lack of sanitary facilities for food preparation and storage, waste disposal and personal hygiene; poor illumination; rodent and/or insect infestation; faulty plumbing; structural hazards – for example, absence of fire escape routes, faulty wiring, faulty heating equipment, cracked plaster, broken stairs, railings, etc. (City of Toronto, Department of Public Health, 1984.)

Two classic studies were conducted by Wilner and Walkley (1963) and Duvall and Booth (1978). Wilner and Walkley compared 300 families who were rehoused from "slums" to public housing projects with 300 families who remained in slum housing. They found that the rehoused group was healthier up to 36 months after their move on a variety of morbidity and disability measures. Similarly, Duvall and Booth conducted research on housing quality and health among women and found that total disease incidence, stress illnesses, days spent sick in bed, and reproductive system disorders were all significantly associated with housing quality factors.[26]

4.10 WOMEN WORKING IN THE HOME

Traditionally, women have had the primary responsibility for household chores and raising children. Most domestic activities such as shopping, meal preparation, laundry, house cleaning, child care and groceries are still typically undertaken by women today, regardless of whether they are also employed either full or part-time. In some cases, women also undertake home-based, paid work, such as operating their own business from the family home or doing their "office work" in the home.

Statistics Canada estimates that in terms of time, women carry out 65.6 percent of all household work. For many Canadian women, looking after the household is their main work activity. In 1994, 42 percent of women aged 15 and over were non-labour force participants. In 1992, these women spent an average of 8.5 hours per day doing unpaid household work, while the average for unemployed lone mothers was 7.8 hours. Of these, women with children under the age of five, married women and single mothers spent 3.2 and 3.7 hours a day respectively on primary child care (Statistics Canada, 1995).

Data from 1992 also showed that women who are involved in paid employment are still responsible for the majority of unpaid work in the home. For example, married working women with at least one child under the age of 5 spend an average of 5.3 hours per day on unpaid household work. Employed single mothers with at least one child under the age of five spend an average of 1.8 hours per day on primary child care, compared to 2.2 hours per day spent by women with a spouse (Statistics Canada, 1995).

Home-based business is one example of changing work environments. These changes are due to a variety of factors, which includes the increased number of women in the workforce and an increased value being placed on family obligations. Also, technological innovation has made it possible for a greater range of work to be undertaken from home.

It has been noted that one of the main motivations for home-based employment is that family and personal responsibilities can be more easily accommodated while offering more flexibility and control over the working environment (Orser and Foster, 1992). However, employment may not always be undertaken through choice. Rather, increased role conflict and economic necessity (because of the lack of salaried jobs) often force women to opt for this form of employment.

The numbers of women involved in home-based work are increasing. In a recent survey by CMHC (1995), it was noted that 55 percent of survey respondents were females who were self-employed consultants or home-based operators, teleworkers, moonlighters or occasional homeworkers, or independent contractors.

Home-based employment can have negative impacts on women's health, and must be considered as a housing issue in part (although more an employment issue)[27]. Johnson (1996) noted that working at home could also be isolating, which can have negative impacts on long-term employment prospects. These women may also be vulnerable to forms of employment in which labour standards are rarely enforced and employment is contingent on workflow and the employers' convenience. In such arrangements, periods of intense work may be followed by

layoffs in slack times without eligibility for employment insurance or other benefits that employed workers traditionally receive. As well, some analysts argue that home-based employment is a marginal form of labour force participation, especially as home-based workers report less income than more traditionally employed workers (68-70 percent less according to 1989 Revenue Canada data).

It has also been noted that female home-based workers spend considerably more time than their male counterparts maintaining family responsibilities, handling household chores and being responsible for child care, and spent less time on leisure activities than their male counterparts (UBC Centre for Human Settlements, 1995). This could have important implications for health, particularly stress levels.

Whether women are performing paid or unpaid work in the home, the fact remains that they typically spend significantly more time within the dwelling than any other family member, and the health implications of extensive time spent in the home is considerable. Previous studies in this area have shown that women working at home report more physical and mental health problems than women employed outside the home; household work involves many stress factors; and household work is carried out in an environment that presents risks, uses potentially toxic products and poses accident risks (Rosenberg, 1984).

A Health Canada study conducted in 1978-79 found that 72.2 percent of women working only in the household reported at least one health problem compared to 55.1 percent of women in the workforce (*La santé des canadiens, 1981*). The same study estimated that women working in the home lost an average of 12.8 working days per year due to health problems compared to 5.8 days for women employed outside of the home and 3.5 days for employed men.

Household work, as well as generating stress, also poses certain other risks from household cleaning products, from work environment and equipment, and from accidents. The majority of households contain on average 250 chemicals/cleaning products. Also, the housing environment, including the materials found in the house, as well as those used to construct the house, present risks. These include chemicals found in plastic products, insecticides and building materials. Women working in the home are not the only ones exposed to these hazards. However, because women spend significant amounts of time in the home, there are exposed to such hazards for longer periods of time (Rosenberg, 1984).

Women working in the home are more likely to report health problems and lose more working days per year due to health problems than do women employed outside the home. The issue for housing analysts is to determine whether anything can be done to make the home more appropriate for work, where work is undertaken in the home.

CHAPTER 5: SUMMARY AND CONCLUSIONS

The broad sweep approach that was used for the research for this study identified a number of issues, as well as many facts, which affect women, their housing and their health and well-being. This report's statistical profile, with details of household composition, income and employment status, housing, condition and affordability, provides an overview of the housing situation of women generally. It also identifies some of the linkages between housing and health and well-being.

Such a study may provide useful input to policy-makers and researchers as they consider housing policy and research directions for the next century. It is intended to provide information for use by academics, researchers, planners, and housing policy-makers at municipal, provincial, and federal levels and also to suggest future directions for research and policy with regards to healthy housing for women.

Research findings suggest that while the situation of some women has improved over the past two decades, with more women living in homes which they own, many women still face some of the same issues, problems and challenges as in 1983. Such issues and challenges include changing or reduced economic status; affordability problems for many women; sole or primary responsibility for dependent children; changing lifestyles; non-traditional career and family decisions; and risk of or exposure to violent situations, particularly in the home.

The fact that there are increasing numbers of women who are single mothers, who are from visible minority groups, who are divorced, who are homeless, and who continue to earn significantly less than their male counterparts, suggests that there has been a degree of polarization in the situations of women. In the 1990s, more women have the security, stability and control over their housing that comes with homeownership. On the other hand, increasing numbers of women pay more than 30 percent of their income on housing, meaning that they are considered to be in core need.

The highest percentages of women in core need tend to live in certain provinces, including Quebec and Nova Scotia, and in Canada's major cities, where they are much more likely than men to pay more than 30 percent of their income in rent. The largest concentrations of visible minority women are also in major cities, a significant percentage of whom have low incomes. These findings suggest that large metropolitan areas may face unique challenges with regards to housing generally, but particularly in meeting the housing needs of women.

There has been a substantial increase in the number of women in the labour force over the past two decades, with 52 percent of all women aged 15 and over having jobs in 1994 compared to 42 percent in 1976. But women employed on a full-time, full-year basis generally still have lower incomes than men, with an average of $28,350 in 1992 for these women, compared to $39,468 for men in the same year (Statistics Canada, 1994). Also, many women work part-time rather than full-time, mainly because of other commitments to family and child-rearing. Consequently, these women are less able to be financially independent than others.

Lower incomes generally continue to contribute to the housing difficulties of women. As a result, women make up the larger percentage of those living below the low income cut-off, especially among visible minority and Aboriginal women, with 28 percent of visible minority women and 33 percent of Aboriginal women living with low incomes in 1990.

Women continue to be the majority of renters across all age groups and in all provinces. Research has shown that women who rent are more likely to experience housing affordability problems and are more likely to report high levels of stress and poor health generally than women

who are homeowners. The effect of tenure status on health and well-being suggests that policy and programs of the future should support the homeownership goals of women and should provide for a level of control over their housing for those who rent.

However, financing support for housing purchases does not appear to have become more available to women, given that women continue to earn significantly less than their male counterparts. While some women may have become more financially independent since 1983, a significant increase in single-mother families has augmented the numbers of women who face the challenge of supporting and raising a family without assistance from a spouse or partner. Also, as more women face great difficulty in finding affordable housing, the rate of homelessness among women has increased, especially among women under 45 years of age.

Insufficient participation by women in decision-making about social housing programs and housing policy in general may have contributed to a lessened impact of social housing on women's needs than might otherwise have been achieved. Study informants suggested that:

> "Government funding for housing is far from the minds of most policy-makers and political leaders; most community housing people...have given up hoping or demanding. However, it is...simply a fact that Canada's housing needs cannot be solved without funding from senior governments, and the lack of political will, which is allied to the powerlessness of those who most experience housing need, should not prevent this fact from continuing to be brought to the attention of those who can do something about it. In particular, the current concern about the poverty of children should be linked to their housing situation, particularly its stability."

> "Access to affordable housing can only contribute to women's health and well-being if it is stable and secure. In studies of the housing problems faced by low-income women, the need to continually struggle for appropriate shelter had the single worst effect on women's daily lives in terms of influencing self-esteem, relationships with children, ability to seek further education and employment.

> The reverse was also true. Once women accessed stable housing, all other aspects of life improved immeasurably. The means to assure this, once again, involves government in the provision of housing and/or subsidies and adequate welfare and social support levels. It also requires that women have greater access to loans and credit, educational and job training opportunities and/or collective models of housing that involve the sharing of costs."

> There is a "... need (for) gender-sensitive analysis and realistic housing policy, increased social housing, supportive housing, subsidies, innovation, community-building."

Based on the experience of the past 30 years, projections for the future suggest that the number of households led by women is likely to increase further. Meeting the demand for housing suitable to the needs of these women will continue to be an issue for Canada, and an important one for the health and well-being of Canadians. A holistic approach to the development and provision of housing – which promotes health and well-being – should be the focus of the future.

The findings noted throughout this report suggest the need for policy-makers and program-developers to better acknowledge the significant contribution that housing makes, both in terms of shelter and other supports that impact health and well-being. There may also be a need to look more closely at approaches that specifically target the particular needs of female-led households, so that policies and programs can be developed to meet these needs.

One example suggests that this can be achieved. For example, a recent evaluation of second-stage housing programs for victims of family violence

in Canada (Harvey, 1997) found that women experiencing family violence had difficulty accessing subsidized housing for longer-term shelter. Many agencies operating Canada's social housing units have only soft or minimal policies to assist women who want to permanently escape family violence.

This pattern was attributed in part to the reluctance of housing agencies to become involved in the dangerous business of family violence – a feature perhaps contributed to by the lack of female power in the management of social housing. The report on second-stage housing recommended a new style of *partnership* to join the mission orientation of family violence organizations to the housing stock of local housing agencies to create better access to existing housing for these women. Such findings suggest that audits of existing programs, to look at the roles and representation of women in the operations and priority setting of programs, could find a number of ways in which existing programs and resources, possibly combined with new specifically targetted housing programs/ expenditures could more effectively meet the housing needs of women.

Priorities for women's housing, health and well-being identified through this study were broad and included such issues as discrimination, special needs, safety, homelessness, location of housing and community services. But particular priorities, largely identified by the Delphi Panel, included government support and funding for housing; improvements in housing choice, affordability, supply and access; and improvements in housing stability and security of tenure.

These goals may be achieved through greater flexibility in incorporating commercial activity and responding to changing household composition as a regular feature of housing design to afford appropriate housing choice.

Do these types of concerns simply mean that governments must spend more to meet the needs of women in housing? If so, this would be a futile argument for the women's concerns, since the argument could be easily dismissed by the response "there is no money." Further, what have the extensive social housing program of previous decades done for women? While government has a major role to play in funding such housing, government alone should not have sole responsibility for funding. Rather, government in partnership with others, with a focus on community development, recognizing that "housing is intrinsically so multidisciplinary that unless all players work together, not much will happen at all."

This review suggests that while there is a significant amount of information about women, housing, health and well-being and a wide range of research has been conducted, more needs to be learned. But it appears that more research and more statistics have not by themselves made major improvements in the situation of women.

The researchers noted that lack of effective housing programs for women may have much to do with the fact that women have had relatively little role or input in the design and management of Canadian housing programs – that Canadian housing programs, providing most of the housing for women in need, have been developed and managed mostly by men. The researchers suggest that audits of existing programs, to look at the roles and representation of women in the operations and priority setting of programs, could find a number of ways in which existing programs and resources, possibly combined with new specifically targetted housing programs and expenditures, could better meet the housing needs of women.

While more targetted research may be necessary to determine how to best provide the appropriate and supportive housing for women that is currently lacking in Canada, the statistical profile that has been constructed in this report serves as a useful basis for identifying those groups that most need assistance by housing programs. Targetted research could include, for example, identifying

which types of investments or changes in housing programs produce the greatest positive impacts in health and well-being.

Also, the research results should be linked to issues that are a priority for other research. By focusing on such issues as the development of skills and training programs for young people and the provision of social services to support independent living among special needs groups, housing problems could be significantly reduced.

In fact, one of the roles of government should be to maintain a high profile for housing issues, so that major public awareness initiatives keep housing high on the agenda and as an issue of concern, which is supported by public opinion.

Positioning housing issues and linking them to issues that are a priority for government, such as highlighting the impact of women's housing on children, would be a way of ensuring that housing research and housing issues would have a higher profile and greater influence on government policy and programs.

Dialogue and action may be the most effective way of addressing the issues surrounding women and housing – not research per se. This may point to the need for an ongoing mechanism to review and monitor progress in meeting women's housing and health and well-being needs. One example of such a mechanism at an informal level was seen in the Delphi Panel of this study, but a more substantial mechanism could be developed to provide an ongoing arena for discussions. Building a strong involvement of women as stakeholders in this process is a key consideration for CMHC, which might be facilitated by an ongoing national forum on Women and Housing.

Generally, while the review suggests that much research on women and housing has been done since 1983 and that more information has been generated, the housing situation of women has only improved slightly. Government action to address specific needs and mitigate the impacts of gender discrimination has not been significant. These results point to the need for research such as this study to spark discussion and dialogue among women and all Canadians on new policies and programs to improve the situation of women.

ENDNOTES

1 Completed by the Canadian Council on Social Development with assistance from the External Grants Program, Canada Mortgage and Housing Corporation.

2 While the numbers of immigrants women have increased over the past three decades, from 39,600 women per year entering Canada in 1961, to 61,400 in 1971, and 65,400 in 1981 to 114,600 in 1991, this increase has been mirrored by male immigration so that women continue to represent about 50 percent of all immigrants.

3 In fact, in 1990, according to Statistics Canada, visible minority women aged 15 and over had an average annual income of $13,800 compared to other women at $15,600 and visible minority men at $22,600.

4 Definition of male and female heads of household from HIFE. Following the convention defined by HIFE.

5 Core need assesses the adequacy of a household's accommodation, considering crowding, condition and affordability. See Footnote #7, Main Report, for a detailed definition.

Chapter 1

7 Completed by the Canadian Council on Social Development with assistance from the External Grants Program. Canada Mortgage and Housing Corporation.

8 Searches were completed at several libraries, including the University of Toronto, York University and Metropolitan Toronto Reference Library.

9 Definition of male and female heads of household from HIFE. Following the convention defined by HIFE.

Chapter 2

10 The HIFE Survey defined "household" as a person or group of persons occupying a dwelling unit. The head of the household is always the head of the primary economic family. In single-unit households consisting of a married couple with or without children, the husband is the head; for single-parent families with unmarried children, the parent is the head; for single-parent families with married children, the member who is mainly responsible for the maintenance of the family is designated to the head; and in families where relationships are other than husband-wife or parent-child, the eldest in the family is usually considered the head. An unattached individual living alone in a dwelling is the head of his/her own household. In multi-unit households, the head of the primary economic family becomes the head of the household (as opposed to the heads of units who are rooming, sharing the dwelling or residing there as employee-domestics).

11 The direct management and administration of Federal social housing programs has generally been the responsibility of the provinces or municipalities. For example, in Ontario public housing is administered by Ontario Housing Corporation, and by local housing authorities (such as The Metropolitan Toronto Housing Authority in the Metropolitan Toronto area).

12 Data from Mr. Clarke Wilaon, CMHC, Special Tabulations, June, 1997.

13 Core need is assessed in two steps: At Step 1: Households residing in dwelling units that do not meet the norms set for housing standards are identified as: being croweded; and/or living in dwellings in inadequate condition; and/or spending more than is generally accepted for their housing. Many of these households, however, live in such housing voluntarily.

At Step 2: The three indicators are fully integrated. Households are tested to identify two different groups: those living voluntarily in housing considered crowded, and/or inadequate, and/or too expensive (these households are not in core housing need); and those simply unable to obtain unsubsidized market rental housing meeting suitability and adequacy norms without spending 30 percent or more of their income on rent. Households in this second group are in core housing need.

14 Klodawsky, Spector and Rose have also said this in relation to single mothers.

15 Tenure-type refers to ownership status, i.e. owner vs. renter, while household type refers to household make-up, i.e. married couple with children vs. lone parent vs. single person.

16 A 1989 study showed that the majority of households in core need in Canada are renters, who constitute 72 percent of those in core need, but only 37 percent of all households, and that those who rent have relatively little choice (Doyle and Hulchanski, 1989).

Chapter 3

17 While the numbers of immigrant women have increased over the past three decades from 39,600 women per year entering Canada in 1961 to 61,400 in 1971, 65,400 in 1981, and 114,600 in 1991, this increase has been mirrored by male immigration so that women continue to represent about 50 percent of all immigrants.

18 In fact, in 1990 according to Statistics Canada, visible minority women aged 15 and over had an average annual income of $13,800 compared to other women at $15,600 and visible minority men at $22,600.

Chapter 4

19 For example, research has demonstrated that lack of access to income or income-support services was a key factor in abused women returning to an abusive relationship (Harvey, 1994).

20 Of the total Canadian population, males report the most mild disabilities, while females report the most moderate and severe disabilities. The extent of a woman's disability may have an impact on her housing hcoices, in that she may be limited to finding housing which is accommodating to her disability. Finding suitable housing in the private rental market may also be more difficult than finding it in the public rented sector. However, in the public sector, there are long waiting lists. For example, Metropolitan Toronto Housing Authority reported a waiting list of 22,000 in 1994, representing approximately a seven-year wait.

21 A report by the Royal College of Physicians in Britain states that over half of physically disable adults under retirement age are in inappropriate accommodation such as geriatric hospital wards and old peoples' homes. A report by a group called Shelter (1988) refers to this as part of the problem of "hidden housing" in which people with disabilities, while not actually homeless, are unable to leave such places due to a lack of alternative provision of services. Similar forms of this "hidden housing need" are when people with

disabilities are unable to leave the parental home or are "imprisoned" in inaccessible buildings (Lonsdale, 1990).

22 NHovac and Assoc., 1994. *The Security of Her Persons: Tenant's Experiences of Harassment*, and Novac and Assoc. 1994, *Sexual Harassment of Tenants: Legal Remedies, Problems and Solutions*, (both for the Ontario Women's Directorate).

23 Similarly, equal access to financial services for women and men and their equal treatment by financial institutions have been objectives in Great Britain since the passage of the Sex Discrimination Act in 1975. In an attempt to assess the extent to which there is discrimination against women by financial institutions, the British Equal Opportunities Commission (1988) monitored the relative position of women and men with regard to their treatment by financial institutions by analyzing the numbers and types of complaints received by the Commission and by examining the results of research. The findings of the Commission included women's complaints of refusals of loans; insistence on male guarantors; full-time employment requirements; men having to be named first on joint accounts and mortgages (with important practical consequences); additional requirements being placed on women seeking to raise start-up capital for small businesses; inexplicably lower credit limits than for comparable men; and complaints that financial institutions seemed generally to treat women less favourably than their male counterparts.

24 For example, an English study of the impact of divource on housing issues, McCarthy and Simpson (1991), found that of 120,000 households accepted as homeless by local British authorities in 1986 more than a fifth were homeless because of the breakdown of a relationship with a partner. Their research showed that no less than 35 percent of these women moved into the homes of relatives or friends immediately after the separation (Novac, 1996).

25 Personal victimization includes crimes of: theft/attempt of personal property, sexual assault, robbery/attempt, and assault.

26 Their housing variables included major structural deficiencies (e.g. sagging walls, holes in walls or floors, unsafe stairs), minor structural deficiences (e.g. broken windows, small cracks, missing or old paint), and non-structural deficiencies (e.g. indoor temperature during winter, noise which disturbed sleep, and presence of flies, cockroaches and/or rodents).

27 This report does not consider the issue as to whether or when work in the home is in fact "good emplyment" and should be discouraged or encouraged. This broader question of labour standards and qualitywork is being widely addressed by others in 1997 (time of writing), for example, the Department of Human Resources Development Canada, unions, and social policy analysts.

Appendix A:

Bibliography

Andrew, Caroline et al. *Canadian Women and Cities*. Ottawa: CMHC, 1994.

Asselin, Suzanne, et al. *Les hommes et les femmes : une comparaison de leurs conditions de vie*. Bureau de la statistique du Québec, 1994.

Association canadienne d'habitation et de rénovation urbaine, *Réponse au document de travail "La sécurité sociale dans le Canada de demain"*, Mémoire présenté au Comité permanent de développement des ressources humaines, novembre, 1994.

Aubin, Jacinthe, et al. *Discrimination, harcèlement et harcèlement sexuel: rapport de l'enquête femmes et logement*. Montréal : Comité logement Rosemont [et] Front d'action populaire en réaménagement urbain, 1986.

B.C. Ministry of Health. *Creating Housing for Healthy Communities*. January 1993.

Burg, Mary Ann. "Health Problems of Sheltered Homeless Women and Their Dependent Children," in *Health and Social Work*. Vol.19, No. 2, May 1994.

Burridge, R. and D. Ormandy. *Unhealthy Housing: Research, Remedies and Reform*. London: E & FN Spon, 1993.

CMHC. Low Income, Labour Force Participation and Women in Housing Need, Research and Development Highlights, Socio-Economic Series, Issue 16, 1991.

Christensen, Kathleen. *Women and Home-based Work*. New York: Henry Holt and Company, 1988.

City of Toronto Advisory Committee on Homeless and Socially Isolated Persons. *Working Together: An exploration of strategies to prevent evictions*, Toronto, 1996.

Clark, Sarah. *Our home, ourselves: a report of an international conference on women and housing*, no date, no publisher.

Dooley, Martin. "Lone-mother Families and Social Assistance Policy" in Martin Dooley et al. *Family Matters: New Policies for Divorce, Lone Mothers and Child Poverty*. Toronto: C.D. Howe Institute, 1995.

Doyle, Veronica. *Housing and Children in Canada*. Canadian Housing Renewal Association, 1992.

Doyle, Veronica. *The Single Parents' Housing Study: The effect of housing governance on the health and well-being of single-parent families in Vancouver*. May 1996.

Doyle, Veronica. "Families and Children in Canada: The Housing Dimension". *Tri County Conference on Facing Up To Housing and Urban Issues*: Vancouver, 1992.

Dunnigan, Lise and Thomas Antil. *Les rapports hommes-femmes et les inégalités socio-économiques qu'ils produisent: implications pour la santé et le bien-être*. Québec : Ministère de la santé et des services sociaux, 1992.

Duvall, Donna and Alan Booth. "The Housing Environment and Women's Health," in *Journal of Health and Social Behaviour*. v.19, 410-417, 1978.

Finnie, Ross. "Women, Men and the Economic Consequences of Divorce." *The Canadian Review of Sociology and Anthropology*. 30(2): 205-241, 1993.

Fournier, Louise et Céline Mercier. *Sans Domicile Fixe*. Montréal: Méridien, 1996.

Freeman, Hugh. *Mental Health and the Environment*. London: Churchill Livingstone, 1984.

Galarneau, Diane and Jim Sturrock. *Family Income after Separation*. Statistics Canada, Labour and Household Surveys Analysis Division, 1997.

Garon, Muriel. *Pauvreté et droit au logement en toute égalité : une approche systémique*. Montréal: Commission des droits de la personne et des droits de la jeunesse, avril 1997.

Harvey, Ted. "Impacts of Income and Access to Income Security on the Decision to Return to an Abusive Relationship", Supplementary Report to *The Project Haven Evaluation, SPR* Associates, 1994.

Harvey, Ted. *A Place to Go: An Evaluation of the Next Step Program for Family Violence and Second-Stage Housing in Canada*, SPR Associates Inc., Ottawa: CMHC, 1997.

Johnson, Laura C. *Live/Work and Work at Home: A Review of Research Literature on Issues Relating to Gender*, Design and Work-Family Links, for Women Plan Toronto, July 1996.

Klodawsky, Fran and Aron Spector. New Families, New Housing Needs, New Urban Environments: The Case of Single-Parent Families. In C. Andrew and B.M. Milroy (eds.). *Life Spaces: Gender, Household, Employment*. Vancouver: University of British Columbia Press, p.141-158, 1988.

Le logement pour les canadiennes : une préoccupation de tous les jours : document de référence. Conseil consultatif canadien de la situation de la femme, 1987.

Lindheim, R. and S. Syme. "Environments, People and Health." *American Review of Public Health*. 4:335-59, 1983.

MacClain, Janet and Cassie Doyle. *Women as Housing Consumers*. CMHC, 1983.

Mason, Gayle. "Aboriginal Women and Housing in Urban Canada," in *Women and Environments*. Summer 1996.

Macpherson, A.S. *Housing and Health: Public Health Implications of the Affordable Housing Crisis*. Toronto: City of Toronto Department of Public Health. Mimeo, 1984.

McCarthy, Peter and Bob Simpson. *Issues in Post-Divorce Housing: Family Policy or Housing Policy?* Aldershot, England: Avebury, 1991.

Morissette, Diane. *Housing for Canadian Women: An Everyday Concern*. Background Paper. Canadian Advisory Council on the Status of Women. March 1987.

Nations Unies, Conseil économique et social, *Rapport sur la sixième session*, Comité des droits économiques, sociaux et culturels, Supplément No. 3, Documents officiels, 1992, pp. 121-125.

New Brunswick Advisory Council on the Status of Women. Presentation to the Minister's Task Force on Housing. Moncton, New Brunswick, 1988.

Novac, Sylvia. Background Document for a Research Consultation on Housing Issues for Immigrant Minority Women in Canada. For the Canadian Advisory Council on the Status of Women, March 1992.

Novac, Sylvia et al. *No Room of Her Own: A Literature Review on Women and Homelessness*. Ottawa: CMHC, 1996.

Orser, Barbara and Mary Foster. Home Enterprise: Canadians and Home-Based Work. Prepared for the Home-Based Business Project Committee, 1992.

Pauktuutit Inuit Women's Association. Nd. *Inuit Women: The Housing Crisis and Violence*. Ottawa: CMHC.

Public Health Association of Australia. Policy Statement: Health and Housing. 1993. (http://www.hcn.net.au/pha/policy/housing.htm)

Rose, Damaris and M. Wexler. "Post-war Social and Economic Changes and Housing Adequacy" in John Miron (ed.) *House, Home, and Community: Progress in Housing Canadians, 1945-1986*. Ottawa: CMHC, 1993.

Rosenberg, Harriet G. "The home is the workplace: hazards, stress and pollutants in the household" in Wendy Chavkin, *Double Exposure*, Monthly Review Press, p. 229-240, 1984.

Sound Investment: The treatment of women by financial institutions. London: Equal Opportunities Commission. 1989.

Smith, Susan J. Health Status and the Housing System. *Social Science Medicine*. 31(7): 753-762. 1990.

Sprague, Joan Forrester. *More than housing: Lifeboats for women and children*. Toronto: Butterworth Architecture, 1991.

Statistics Canada. *Selected Income Statistics for Families with Children, by Family Type*, 1992.

Statistics Canada. Female Lone Parents in the Labour Market, Spring 1993.

Statistics Canada. *Women in Canada: A Statistical Profile*. 1995.

Taggart, W.H. James. The Grass Roots: *The Role of Tenure in Community and Sustainability*. The Centre for Future Studies in Housing and Living Environments. Ottawa: CMHC, 1993.

UBC Centre for Human Settlements. *Planning for Telework and Home-Based Employment, A Canadian Survey on Integrating Work into Residential Environments*. Ottawa: CMHC, 1995.

Unlocking the Door III: A Call to Action: "Homeownership and Access to Capital" http://www.housinglink.com/owner.htm

Wellman, Barry et al. *Social Networks, Social Support and Local Community Involvement*. Indicators of Quality of Life, Health and Well-Being in Social Housing, Paper No. 3. Centre for Future Studies in Living and Housing Environments, Ottawa: CMHC, 1993.

Wekerle, Gerda. "Responding to diversity: housing developed by and for women". *Canadian Journal of Urban Research*. 2 (2): 95-113. 1993.

Wekerle, Gerda and Sylvia Novac. *Gender and Housing in Toronto*. A paper prepared for the City of Toronto's Institute on Women and Work. 1991.

Wilner, D.M. and R.P. Walkley. Effects of Housing on Health and Performance. In L. Duhl (ed.). *The Urban Condition*. New York: Simon and Schuster, p.215-228. 1963.

Appendix B:
Delphi Panel Members

Caroline Andrew, University of Ottawa, Ottawa
Myrna Breitbart, Hampshire College, Amherst, Massachusetts
Margaret de Groh, Health Canada
Veronica Doyle, B.C. Ministry of Housing
Dianne Kinnon, Kinnon Consulting, Ottawa
Simon Liston, Housing Services, City of Toronto
Anne Michaud, Femmes et Ville, Montréal
Regula Modlich, Planning Consultant, Toronto
Tracy O'Hearn, Inuit Women's Association, Ottawa
Damaris Rose, INRS-Urbanisation, Montréal

Key Informants

Lise Bellefleur, New Brunswick Department of Municipalities, Culture and Housing
Beverly Burnside, Research Consultant, Vancouver
Margaret Canale, Centre for Health Promotion, University of Toronto
Frances Cearns, Alberta Family and Social Services
Barbara Fortier, Alberta Department of Municipal Affairs
Katalin Kennedy, Family Violence Prevention Division, Health Canada
Mary Catherine Levatt, Adsum House
Claudy Lynch, New Brunswick Advisory Council on the Status of Women
Lana Phillips, Saskatchewan Municipal Government
Sheila Wasylushyn, Policy Development, Alberta Health
Tom Young, Saskatchewan Municipal Government

Appendix C:
Delphi Panel Questionnaire

1. The following housing issues were compiled through a literature review, consultation with experts and the first round of Delphi consultations. Please rate the importance of each issue as "very important", "somewhat important", "somewhat unimportant" or "not at all important" by putting an "x" in the appropriate box next to each issue according to the importance of the issue with regards to its impact on women's health and well-being.

	Not At All Important	**Somewhat Unimportant**	**Somewhat Important**	**Very Important**
(a) housing designed to suit household type	❑	❑	❑	❑
(b) women's access to loans and credit	❑	❑	❑	❑
(c) discrimination	❑	❑	❑	❑
(d) expansion of housing core need criteria	❑	❑	❑	❑
(e) housing stability/security of tenure	❑	❑	❑	❑
(f) housing choice: affordability, access and supply	❑	❑	❑	❑
(g) appropriate location (i.e. proximity to schools, hospitals, shopping, public transportation)	❑	❑	❑	❑
(h) quality of housing and maintenance	❑	❑	❑	❑
(i) government funding for housing	❑	❑	❑	❑
(j) changing nature of employment (e.g. home-based work)	❑	❑	❑	❑
(k) housing needs of specific groups (single-parents, teenage mothers, seniors, women with disabilities, Aboriginal women, etc.)	❑	❑	❑	❑
(l) participation/influence over housing environment	❑	❑	❑	❑
(m) personal and neighbourhood safety	❑	❑	❑	❑
(n) sense of community and support networks (e.g. community, family and others)	❑	❑	❑	❑
(o) relationship between housing and community/social services	❑	❑	❑	❑
(p) privacy/isolation	❑	❑	❑	❑
(q) homelessness/shelters	❑	❑	❑	❑
(r) overhousing of seniors (i.e. senior women living alone in housing designed for an entire family)	❑	❑	❑	❑

2. Please rank the five most important issues from the list above in order of priority (with "1" being the highest priority) according to the importance of the issue with regards to its impact on women's health and well-being. (Indicate in the space provided below the letter from the list above which corresponds to your choice of priority issues.)

   Please indicate why you feel they are a priority and how you feel governments can specifically address each of these priority issues in order to improve women's health and well-being. Please include what the federal government in particular could do, as well as any other levels of government. Are there any other organizations which could play an additional role in addressing each issue?

   Priority #1: (letter ___)

   Priority #2: (letter ___)

   Priority #3: (letter ___)

   Priority #4: (letter ___)

   Priority #5: (letter ___)

3. What additional research/information will assist in better understanding the impact housing can have on increasing women's overall health and well-being. (This includes research in the area generally or focus on a particular vulnerability experienced by some women.)

4. A final report will be made available to many audiences, including: housing policy-makers at all levels of government; planners (municipal and private consultants); academics; advocacy groups; and health organizations. What are your suggestions for best presenting the findings in this final report so that they are understandable and useful to the various target audiences?

→ housing policy-makers at all levels of government:

→ planners (municipal and private consultants):

→ academics/housing researchers:

→ advocacy groups:

→ health organizations:

5. Do you have any additional comments about the current preliminary draft report which was sent to you?

6. Do you have any additional comments about the Delphi process?

Appendix D:

Tables

Display D.1:
Distribution of Female and Male Unattached Population by Age and Income
1994
(in percent)

Unattached Individuals	Under Age 24		25-34		35-44		45-54		55-59		60-64		Over Age 65	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under $2,500	8.2	11.7	0.9	0.9	1.8	1.7	1.3	1.0	1.4	1.3	2.6	0.8	0.1	0.0
$2,500-$4,999	7.9	10.7	1.5	3.8	1.8	1.9	2.4	1.2	3.7	2.6	0.8	3.4	0.1	0.1
$5,000-$7,499	11.2	16.8	5.6	7.6	7.9	5.7	9.1	10.2	9.8	9.9	7.4	8.1	0.4	0.3
$7,500-$9,999	14.1	12.9	6.5	7.7	6.3	7.7	7.3	9.3	14.0	19.4	20.8	16.6	2.0	3.4
$10,000-$12,499	10.4	14.8	5.3	6.4	6.0	6.8	4.8	9.6	6.7	10.2	8.9	15.3	12.1	24.2
$12,500-14,999	7.6	6.6	6.0	5.8	3.4	5.5	3.3	6.3	4.6	5.9	3.4	9.4	26.2	31.6
$15,000-$17,499	8.4	5.3	6.4	8.2	4.0	4.2	5.7	5.6	5.1	5.9	2.8	7.0	15.2	15.8
$17,500-$19,999	4.2	4.1	4.5	3.5	3.6	6.4	4.2	4.1	5.9	2.7	7.1	5.8	4.9	6.0
$20,000-$22,499	6.0	4.2	6.3	5.8	5.0	5.8	4.0	2.6	5.0	4.6	5.3	3.1	5.5	3.5
$22,500-$24,999	2.9	1.8	4.8	3.8	2.6	3.6	3.1	2.4	1.2	2.9	7.3	5.0	7.1	2.7
$25,000-$29,999	5.7	4.0	9.8	12.3	9.2	10.1	5.2	8.7	4.3	7.3	8.9	4.8	9.5	4.7
$30,000-$39,999	6.8	4.0	19.6	15.7	16.4	17.3	17.2	17.7	13.2	12.2	9.3	10.2	8.7	4.2
$40,000-$49,999	3.9	1.8	11.7	10.8	14.8	14.3	12.0	9.6	10.8	7.4	4.2	5.2	2.2	1.9
$50,000 and over	2.8	1.2	11.0	7.7	17.1	8.9	20.7	11.8	14.1	7.6	11.1	5.3	6.1	1.6
Total	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Average Income	$16,145	$12,290	$28,788	$24,915	$31,914	$26,799	$32,277	$26,435	$28,038	$22,155	$24,670	$19,892	$23,782	$17,106
Average Income for all Unattached individuals	$14,408		$27,444		$30,256		$29,755		$24,683		$21,787		$18,780	

Source: Statistics Canada, *Income Distribution by Size*, 1994 (Cat 13-207).

Display D.2:
Distribution of Female Unattached Population by Age and Income
1981
(Expressed in 1994 Constant $)

Unattached Individuals	Under Age 24	25-34	35-44	45-54	55-64	Age 65 and Over	All Ages
Under $5,193	26.7	15.9	17.3	19.8	26.8	11.3	21.8
$5,193-$8,654	14.3	9.2	8.3	9.8	15.7	27.0	14.0
$8,655-$12,116	10.4	9.6	9.5	9.9	10.4	32.9	13.7
$12,117-$17,309	14.0	13.7	11.7	13.4	11.1	12.1	12.9
$17,310-$20,772	7.9	8.3	8.0	8.7	6.2	4.6	7.4
$20,773-$25,965	9.0	13.4	12.3	10.6	8.7	4.5	9.9
$25,966-$34,621	5.9	15.6	14.7	13.3	11.1	3.2	10.4
$34,622-and over	1.7	14.2	18.3	14.5	10.1	4.6	10.0
Total	100	100	100	100	100	100	100
Average Income	$10,878	$19,646	$21,028	$19,080	$15,893	$12,765	$16,243
Average Income for all Unattached individuals	$13,155	$28,387	$33,850	$33,026	$27,430	$16,065	$24,684

Source: Statistics Canada, *Income Distribution by Size*, 1994 (Cat 13-207), adapted according to 1994 CPIndex.

Display D.3:
Families Headed by Women by Age and Income Groups, 1994
(in percent)

Income Groups	25-34	35-44	45-54	55-64	65 and over
Under $10,000	12.5	6.5	5.6	7.5	1.2
$10,000-$14,999	25.8	17.1	10.5	12.4	6.1
$15,000-$19,999	23.7	15.8	11.6	6.5	11.8
$20,000-$24,999	11.8	11.8	8.8	9.5	17.5
$25,000-$29,999	9.7	9.3	9.3	10.2	7.7
$30,000-$39,999	10.7	19.4	17.2	14.8	20.7
$40,000-$49,999	3.2	11.4	13.4	12.0	13.0
$50,000-$59,999	1.4	5.0	8.2	11.2	7.7
$60,000 $69,999	1.1	2.3	8.4	5.5	5.9
$70,000 and over	0.2	1.4	6.8	10.3	8.2
Total	100	100	100	100	100
Average Income for Families headed by Women	$20,129	$28,056	$36,371	$38,626	$37,921

Source: Statistics Canada, *Family Incomes – Census Families*, 1994 (Cat. 13-208).

Display D.4:
Families Headed by Women Age and Income Groups, 1979
(Expressed in 1994 Constant $)
(in percent)

Income Groups	25-34	35-44	45-54	55-64	65 and over
Under $10,719 31.1	15.6	14.7	15.8	8.6	
$10,720-$15,004	19.6	11.8	12.4	12.5	7.4
$15,005-$25,723	26.0	27.7	18.8	19.6	20.5
$25,724-$32,154	9.9	11.9	11.1	11.4	12.5
$32,155-$42,873	8.4	14.2	15.1	15.2	18.8
$42,874-$53,591	3.4	11.1	8.1	10.5	12.1
$53,592-$64,310	0.9	2.9	7.8	7.4	6.8
$64,311-$75,029	0.7	2.3	5.9	3.3	4.1
$75,030 and over	0.1	2.5	6.2	4.2	8.9
Total	100	100	100	100	100
Average Income for Families headed by Women	$17,910	$27,616	$33,903	$31,412	n/a

* Figures for women under age 24 were not reported.
Source: Statistics Canada, *Family Incomes – Census Families*, (Cat. 13-208), according to 1994 CP Index.

Display D.5
Percentage Distribuation of Families* by Income Group

Income Group	Single Parent Families 1994	Husband-Wife Families* 1994
Under $10,000 8.8	1.6	
$10,000-$14,999	16.6	2.4
$15,000-$19,999	14.9	4.8
$20,000-$24,999	10.7	7.0
$25,000-$29,999	8.8	6.4
$30,000-$39,999	15.3	13.5
$40,000-$49,999	9.7	13.5
$50,000-$59,999	6.1	13.2
$60,000-$69,999	4.3	10.8
$70,000 and over	4.8	26.9
Average Income of family	$30,256	$56,442
TOTAL 100%	100%	
Average income of family head only	$22,973	$38,361

* These figures do not include common-law couples.
Source: Statistics Canada, *Family Incomes – Census Families*, 1994 (Cat. 13-208).

Display D.6:
Percentage Distribution of Families by Income Group 1980
(Expressed in 1994 Constant Dollars)

Income Group	Single Parent Families 1979	Husband-Wife Families* 1979
Under $9,724 16.6	1.7	
$9,724-$13,613	14.6	1.7
$13,614-$23,337	21.0	10.7
$23,338-$29,172	8.5	5.9
$29,173-$38,897	13.9	14.3
$38,898-$48,622	12.2	7.5
$48,623-$58,346	7.1	14.9
$58,347-$68,071	5.8	11.6
$ 68,072 and over	4.8	27.0
Average Income all families	$29,090	$55,273
Average Head only source of income	$19,325	$40,554

* These figures do not include common-law couples.

Source: Statistics Canada, *Family Incomes – Census Families*, 1994 (Cat. 13-208), adapted according to 1994 CP Index.

Display D.7:
Status and Characteristics of Women and Men in the Labour Force
April, 1996

	Total Population (15 years and over)		Total in Labour Force		Total not in Labour Force		Participation Rate		Unemployment Rate	
	M	F	M	F	M	F	M	F	M	F
Age Group	Thousands		Thousands		Thousands		%	%	%	%
All Ages	11,430	11,852	8,169	6,723	3,261	5,130	71.5	56.7	10.5	8.9
15-19	1,002	955	434	409	568	546	43.3	42.9	20.6	16.6
20-24	1,005	985	762	669	243	317	75.8	67.9	16.1	11.3
25-34	2,386	2,376	2,171	1,843	215	534	91.0	77.5	10.8	9.0
35-44	2,463	2,476	2,257	1,931	206	544	91.6	78.0	9.5	8.1
45-54	1,877	1,873	1,665	1,333	211	540	88.7	71.2	8.2	6.9
55-64	1,236	1,269	725	470	511	799	58.7	37.0	8.0	8.4
65 & over	1,460	1,919	153	68	1,307	1,851	10.5	3.5	3.1	0.0
Both Sexes-All Ages	23,283,000		14,892,000		8,391,000		64.0		9.8	
Household Status										
Unattached Individual	1,930	1,987	1,370	906	560	1,081	71	45.6	14.0	6.7
Member of Family:	9,500	9,866	6,799	5,817	2,701	4,049	71.6	59.0	9.8	9.3
Family Head	6,092	2,113	4,518	1,334	1,574	779	74.2	63.1	7.7	11.1
Spouse	1,097	5,826	892	3,508	206	2,318	81.3	60.2	7.5	7.3
Single Children	1,952	1,461	1,157	788	795	674	59.3	53.9	17.8	13.6
Other Relatives	359	466	232	186	127	279	64.5	40.0	19.8	14.3

Source: Statistics Canada, *Labour Force Survey*, April 1996, drawn from Tables 1 and 7.

Display D.8:
Status and Characteristics of Women in the Labour Force

	Total Population (15 years and over)		Total in Labour Force		Total not in Labour Force		Participation Rate		Unemployment Rate	
	1982	1996	1982	1996	1982	1996	1982	1996	1982	1996
Age Group	Thousands		Thousands		Thousands		%	%	%	%
All Ages	9,493	11,852	5,035	6,723	4,458	5,130	53.0	56.7	11.9	8.9
15-19	1,054	955	634	409	420	546	60.1	42.9	17.8	16.6
20-24	1,158	985	883	669	275	317	76.2	67.9	16.0	11.3
25-34	2,096	2,376	1,385	1,843	711	534	66.1	77.5	11.7	9.0
35-44	1,528	2,476	999	1,931	528	544	65.4	78.0	10.2	8.1
45-54	1,218	1,873	684	1,333	534	540	56.2	71.2	8.0	6.9
55-64	1,140	1,269	389	470	752	799	34.1	37.0	6.5	8.4
65 & over	1,299	1,919	61	68	1,238	1,851	4.7	3.5	0.0	...
Household Status										
Unattached Individual	1,387	1,987	685	906	702	1,081	49.4	45.6	8.7	6.7
Member of Family:	8,106	9,866	4,350	5,817	3,756	4,049	53.7	59.0	12.5	9.3
Family Head	842	2,113	475	1,334	367	779	56.4	63.1	13.9	11.1
Spouse	5,457	5,826	2,768	3,508	2,690	2,318	50.7	60.2	10.7	7.3
Single Children	1,394	1,461	952	788	443	674	68.3	53.9	16.2	13.6

Source: Statistics Canada, *Labour Force Survey* (Cat. 71-001), August 1982. Drawn from Tables 3, 6, and 11; April 1996, Tables 1 and 7.

Display D.9:
Age Distribution of Household Heads Tenure Status by Tenure and Sex
(in percent)

	1980				1995			
	Rental		Ownership		Rental		Ownership	
Age Groups	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**
Under 24	18.8	17.4	2.5	1.5	10.8	11.9	0.9	0.7
25-34	34.9	23.2	23.7	6.8	34.3	23.4	16.5	7.9
35-44	15.1	11.6	23.8	11.5	23.3	17.1	26.6	17.1
45-54	11.1	11.1	20.9	16.2	12.8	11.1	23.0	15.9
55-64	9.6	11.7	15.8	20.9	8.0	9.1	15.8	15.0
65 and over	10.5	25.0	13.4	43.1	10.9	27.5	17.3	43.4
Total all ages	100	100	100	100	100	100	100	100

Source: Unpublished data from HIFE, 1995.

Display D.10:
Tenure by Selected Age Groups by Sex of Household Head
(in percent)

	1980				1995			
	Male		Female		Male		Female	
Age Groups	**Rent**	**Own**	**Rent**	**Own**	**Rent**	**Own**	**Rent**	**Own**
Under 24	75.6%	24.3%	95.2%	4.8%	83.4%	16.6%	96.1%	3.9%
25-34	37.4	62.6	85.5	14.5	46.1	53.9	81.4	18.6
35-44	20.5	79.5	63.5	36.5	26.5	73.5	59.7	40.3
45-54	17.7	82.3	54.2	45.8	18.6	81.4	50.9	49.1
55-65	19.7	80.3	49.1	50.9	17.2	82.8	47.3	52.7
Over 65	24.1	75.9	49.9	50.1	20.7	79.3	48.4	51.6

Source: Unpublished data from HIFE, 1980 and 1995.

Display D.11:
Housing Tenure by Sex of Household Head and Province, 1995 and 1980

Province	Homeowner with Mortgage				Homeowner without Mortgage				All Homeowners				Renters			
	Male		Female		Male		Female		Male		Female		Male		Female	
	1995	1980	1995	1980	1995	1980	1995	1980	1995	1980	1995	1980	1995	1980	1995	1980
Newfoundland	29.4	25.3	14.9	6.8	54.3	60.0	41.9	57.8	83.7	85.3	56.8	64.6	16.3	14.7	43.2	35.3
PEI	41.7	40.4	17.5	18.7	38.2	41.9	35.3	34.4	79.9	82.3	52.8	53.1	20.1	17.7	47.2	46.9
Nova Scotia	38.2	37.8	14.0	8.9	36.7	43.4	37.5	41.9	74.9	81.2	51.5	50.8	25.1	18.8	48.5	49.2
New Brunswick	39.2	39.7	15.7	10.5	40.7	41.6	36.6	35.6	79.9	81.3	52.3	46.1	20.1	18.8	47.7	53.9
Quebec	36.3	39.2	11.9	8.9	28.8	23.9	18.7	17.3	65.1	63.1	30.6	26.2	34.9	36.9	69.4	73.8
Ontario	40.3	43.6	14.6	14.2	30.8	28.3	26.2	24.5	71.1	71.9	40.8	38.7	28.9	28.1	59.2	61.3
Manitoba	40.0	41.5	17.8	11.6	38.6	36.9	31.2	26.9	78.7	78.4	49.1	38.5	21.3	21.6	50.9	61.5
Saskatchewan	31.8	35.4	12.4	12.6	45.1	44.7	32 2	36.7	76.8	80.1	44.6	49.3	23.2	19.9	55.4	50.7
Alberta	40.8	44.2	20.2	14.4	33.5	26.0	29.9	22.3	74.3	70.2	50.1	36.7	25.7	29.8	49.9	63.3
British Columbia	38.2	48.6	16.9	14.4	31.4	25.0	24.8	24.7	69.6	73.6	41.7	39.1	30.4	26.4	58.3	61.0
All Canada	38.5	42.0	14.7	12.3	32.4	29.2	25.5	24.4	70.8	71.2	40.3	36.7	29.2	28.9	59.7	63.3

Source: Unpublished data from HIFE, 1980 and 1995.

(100% totals for each province are by sex and year, i.e., Columns 1 and 5 are totalled in Column 9, which is added to Column 13).

Display D.12:
Housing Tenure by Sex of Household Head and Household Income
1995 and 1980

Income Group (Expressed in 1994 Constant Dollars)	Homeowner with Mortgage				Homeowner without Mortgage				All Homeowners			
	Male		Female		Male		Female		Male		Female	
	1995	1980	1995	1980	1995	1980	1995	1980	1995	1980	1995	1980
Under $8,570	0.08	1.0	3.9	7.8	1.8	2.9	3.6	18.2	1.2	1.8	3.7	14.7
$8,571-$17,139	2.3	2.4	18.3	12.5	6.1	11.9	37.2	33.2	4.0	6.3	30.2	26.3
$17,140-$25,709	5.0	4.3	11.9	15.6	14.1	13.5	18.2	15.1	9.2	8.1	15.9	15.3
$25,710-$34,279	7.4	7.2	15.1	14.5	13.0	11.0	12.6	10.1	10.0	8.7	13.5	11.6
$34,280-$42,850	10.9	10.8	14.6	11.9	11.4	11.4	9.9	7.2	11.1	11.0	11.6	8.8
$42,851-$53,563	15.2	17.6	15.5	13.5	13.4	13.4	6.8	5.3	14.4	15.9	10.0	8.0
$53,564-$64,276	15.6	17.1	8.8	9.8	10.5	10.8	4.7	4.8	13.3	14.5	6.2	6.5
$64,277-$74,989	13.0	13.7	4.8	6.5	8.0	8.3	2.6	2.5	10.7	11.5	3.4	3.8
$74,990-plus	29.8	25.9	7.0	7.8	21.9	16.8	4.5	3.7	26.2	22.2	5.4	5.1
Total (percent):	100	100	100	100	100	100	100	100	100	100	100	100

Income Group (Expressed in 1994 Constant Dollars)	Renters				Total Homeowners and Renters			
	Male		Female		Male		Female	
	1995	1980	1995	1980	1995	1980	1995	1980
Under $8,570	7.6	4.9	10.5	18.0	3.1	2.7	7.8	16.6
$8,571-$17,139	15.8	10.8	42.4	28.3	7.5	7.6	37.5	27.7
$17,140-$25,709	16.6	12.3	17.3	18.1	11.3	9.3	16.7	17.1
$25,710-$34,279	14.6	14.5	11.8	14.5	11.3	10.4	12.5	13.4
$34,280-$42,850	12.8	15.2	7.2	8.3	11.6	12.2	9.0	8.5
$42,851-$53,563	12.4	16.3	5.3	6.3	13.8	16.0	7.2	6.9
$53,564-$64,276	8.4	10.4	2.5	2.6	11.8	13.3	4.0	4.0
$64,277-$74,989	4.8	6.6	1.2	2.1	9.0	10.1	2.1	2.7
$74,990-plus	7.1	9.1	1.8	1.9	20.6	18.1	3.2	3.1
Total (percent):	100	100	100	100	100	100	100	100

Source: Unpublished data from HIFE, 1980 and 1995.

Display D.13:
Type of Residence by Income Groups and Sex of Household Head 1995 and 1980
(in percent)

Income Group (Expressed in 1994 Constant Dollars)	Single Detached				Duplex and Row Housing				Apartment and other*			
	Male		Female		Male		Female		Male		Female	
	1995	1980	1995	1980	1995	1980	1995	1980	1995	1980	1995	1980
Under $8,570	0.08	1.0	3.9	7.8	1.8	2.9	3.6	18.2	1.2	1.8	3.7	14.7
Under $8,570	28.4	45.9	19.5	30.7	8.9	11.5	15.1	13.4	62.7	42.7	65.3	55.9
$8,571-$17,139	37.7	55.0	27.2	32.9	12.6	10.4	14.6	12.4	49.8	34.5	58.2	54.7
$17,140-$25,709	51.8	58.4	34.3	28.8	12.7	9.9	16.8	14.2	35.5	31.8	48.9	56.9
$25,710-$34,279	57.8	54.7	35.3	29.3	13.1	12.8	18.2	10.6	29.1	32.5	46.5	60.1
$34,280-$42,850	58.8	56.7	37.4	33.4	14.6	14.7	20.8	10.0	26.6	28.7	41.8	56.7
$42,851-$53,563	63.6	61.9	41.9	34.4	18.8	13.7	15.8	16.3	28.4	24.4	55.0	49.3
$53,564-$64,276	68.6	67.4	36.2	50.6	19.1	10.4	29.4	20.2	12.3	19.2	34.4	29.1
$64,277-$74,989	73.3	71.9	65.5	52.8	13.4	11.0	26.4	11.2	13.2	17.1	8.1	36.1
$74,990-plus	72.8	77.3	28.8	52.9	17.1	9.8	21.5	10.5	10.2	13.0	49.7	36.5

Source: Unpublished data from HIFE, 1980 and 1995.

* Other dwelling consists of mobile homes, trailers, tents and other units which are used as permanent residences and are capable of being moved on short notice.

(100% totals for each income category are by sex for each year, i.e., Columns 1, 5 and 9; 2, 6 and 10; 3, 7 and 11; and 4, 8 and 12).

Display D.14
Housing and Tenure Status, Female and Male
Head of the Household By Major Source of Income
1980 and 1995

Income Group (Expressed in 1994 Constant Dollars)	Single Detached				Duplex and Row Housing				Apartment and other*			
	Male		Female		Male		Female		Male		Female	
	1995	1980	1995	1980	1995	1980	1995	1980	1995	1980	1995	1980
Under $8,570	0.08	1.0	3.9	7.8	1.8	2.9	3.6	18.2	1.2	1.8	3.7	14.7
No Income Source	0.0	0.1	0.1	0.5	0.1	0.1	.*	0.7	0.3	0.6	0.3	0.6
Wages and Salaries (includes military Sources)	84.7	89.9	68.3	74.7	53.9	60.1	28.5	33.9	66.2	81.5	40.4	55.7
Self-Employment***	6.4	5.8	2.9	1.4	6.7	9.7	2.1	1.7	3.9	2.6	1.7	1.0
Government Transfer Payments**	6.3	2.7	23.2	14.8	25.7	19.5	52.4	45.5	25.2	11.2	51.5	34.0
Retirement Pension	1.8	0.4	2.9	2.7	9.1	3.5	9.1	4.1	2.5	1.3	2.4	2.5
Investments and Other Sources	0.8	1.1	2.7	5.9	4.1	7.0	7.9	14.1	1.8	2.9	3.8	6.2
Total:	100	100	100	100	100	100	100	100	100	100	100	100

Source: Unpublished data from HIFE, 1980 and 1995.

* The small sample size did not allow a percentage for this category to be reliably estimated.

** This variable gives the sum of amounts received by all individuals on account of Family and Youth Allowances, Old Age Security pension and Guaranteed Income Supplement, Canada/Quebec Pension Plan benefits, Unemployment Insurance, Child Tax Benefit, refundable provincial tax credits, GST Credit, Social Assistance and other government transfer payments.

*** Self-employment income is defined as that income received as a result of being a partner in, or sole owner of, an unincorporated business or professional practice. Only the individuals's share of net income is included in the case of partnerships. A salesperson who has his/her own office or staff, or who works for more than one firm at a time, reports income under self-employment. This variable gives the sum of amounts reported by all individuals in the household on account of net income from self-employment (both farm and non-farm).

Display D.15:
Rental Affordability by Sex of Household by Province, 1980 and 1995 (in percent)

Rent to Income Ratios

	Male				Female			
	Less than 30%		30% or more		Less than 30%		30% or more	
	1995	1980	1995	1980	1995	1980	1995	1980
Newfoundland	76.8	79.4	23.2	20.6	58.4	65.3	41.6	34.7
Prince Edward Island	79.4	78.1	20.6	21.9	52.1	58.3	47.9	41.7
Nova Scotia	77.0	87.8	23.0	12.2	49.8	65.0	50.2	35.0
New Brunswick	75.0	84.6	25.0	15.4	48.6	56.9	51.4	43.1
Quebec	71.3	89.3	28.7	10.7	51.6	68.4	48.4	31.6
Ontario	73.3	82.8	26.7	17.2	52.4	62.4	47.6	37.6
Manitoba	75.9	83.8	24.1	16.2	54.3	58.4	45.7	41.6
Saskatchewan	78.5	81.6	21.5	18.4	58.0	56.3	42.0	43.7
Alberta	76.8	78.0	23.2	22.0	56.0	50.2	44.0	49.8
British Columbia	68.9	81.7	31.1	18.3	54.3	53.8	45.7	46.2
All Canada	72.8	84.6	27.2	15.4	52.8	61.8	47.2	38.2
CMAs								
Montreal:	69.4	*	30.6	*	49.9	*	50.1	*
Toronto	76.3	*	23.7	*	55.3	*	44.7	*
Vancouver	68.8	*	31.2	*	60.6	*	39.4	*

* CMA figures were not available in 1980.

Source: Unpublished data from HIFE, 1980 and 1995.

Display D.16:
Housing Tenure by Household Composition and Sex of Head
1995 and 1980

Household Composition	Homeowner With Mortgage				Homeowner Without Mortgage				Total Homeowners				Total Renters			
	Males		Females		Males		Females		Males		Females		Males		Females	
	1995	1980	1995	1980	1995	1980	1995	1980	1995	1980	1995	1980	1995	1980	1995	1980
Newfoundland	29.4	25.3	14.9	6.8	54.3	60.0	41.9	57.8	83.7	85.3	56.8	64.6	16.3	14.7	43.2	35.3
One Unattached Individual	15.9	13.3	10.6	6.7	21.5	21.4	29.5	26.0	37.4	34.7	40.1	32.7	62.6	65.3	59.9	67.3
Head of Economic Family	43.1	45.5	20.6	19.9	35.3	30.6	21.9	24.0	78.4	76.1	42.5	43.9	21.6	23.9	57.5	56.1
Multi Family – Unattached Individuals	20.1	29.1	15.1	16.6	10.3	14.8	10.7	16.7	30.4	43.9	25.8	33.3	69.6	56.1	74.2	66.7
Multi Family – 1+ Families	46.6	*	30.2	*	21.0	*	15.8	*	67.6	*	46.1	*	32.4	*	53.9	*
Total	38.5	42.0	14.7	12.3	32.4	29.2	25.5	24.4	70.8	71.2	40.3	36.7	29.2	28.9	59.7	63.3

* These categories were not included in the 1980 HIFE survey.
Unattached Individual: A person living alone in a household not related to other household members.
Economic Family: A group of individuals sharing a common dwelling unit and related by blood, marriage or adoption.
Multi Family -- 1+ Families: Two or more economic family units sharing a dwelling (this category was labelled "sharers" in the 1980 HIFE survey).

Source: HIFE, CMHC: 1980 and 1995.

Display D.17:
Family Status[1] of Persons Aged 15 and Over With Disabilities, by Age, 1991

	Women		Men	
	000s	%	000s	%
Persons aged 15-64				
Husband/Wife or common-law partner	664.4	57.2	690.4	60.8
Lone Parent	115.9	10.0	26.3	2.3
Child	117.1	10.1	144.6	12.7
Not living with their family	232.7	20.0	221.6	19.4
Not Applicable[2]	30.7	2.6	53.4	4.7
Total aged 15-64	1,160.8	99.9	1,136.3	99.9
Persons aged 65 and over				
Husband/Wife or common-law partner	250.1	34.4	362.1	71.2
Lone Parent	39.2	5.4	5.9*	1.1*
Not living with their family	390.0	53.4	120.4	23.7
Not Applicable[2]	40.8	5.6	15.0*	3.0*
Total aged 65 and over	727.3	98.8	508.6	99.0
Total aged 15 and over				
Husband/Wife or common-law partner	914.4	48.4	1,052.5	64.0
Lone Parent	155.1	8.2	32.1	2.0
Child	124.4	6.6	150.0	9.1
Not living with their family	622.6	33.0	341.9	20.8
Not applicable[2]	71.5	3.8	68.4	4.2
Total aged 15 and over	**1,888.1**	**100.0**	**1,645.0**	**100.0**

*Figures should be used with caution because of small sample size.

1 In this context, family refers to a census family. Persons living with their family include spouses (either married or common-law), lone parents, and never-married children living at home. Persons not living with their family include those living alone, in an extended family with other relatives, or with unrelated persons.

2 Included in the Not Stated category in the 1991 Health and Activity Limitation Survey.

Source: Statistics Canada, Health and Activity Limitation Survey, 1991.

Display D.18
Percentage of Disabled Population by Provinces and CMAs by Severity and Sex, 1991

Province	Mild		Moderate		Severe		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
Newfoundland	49.4	44.8	33.4	32.4	17.2	22.7	100	100
Nova Scotia	47.4	45.7	34.8	37.0	17.8	17.2	100	100
New Brunswick	49.2	46.3	35.7	35.5	15.2	18.2	100	100
Quebec	53.3	46.2	32.5	36.1	14.2	17.7	100	100
Ontario	49.9	41.4	32.4	37.6	17.7	21.0	100	100
Manitoba	54.9	44.7	29.8	34.0	15.3	21.3	100	100
Saskatchewan	55.9	52.2	29.2	31.0	14.9	16.7	100	100
Alberta	59.7	54.8	27.4	30.8	13.0	14.4	100	100
B.C.	58.8	49.4	23.7	27.0	17.6	23.6	100	100
Yukon/NWT	65.7	61.1	25.0	27.8	9.2	11.0	100	100
All Canada								
			CMA's					
Montreal	54.3	45.7	30.5	36.5	15.2	17.7	100	100
Toronto	55.2	46.0	29.1	36.6	15.7	17.4	100	100
Vancouver	61.4	54.3	26.9	28.6	11.7	17.0	100	100

The degree of disability is a derived variable which has been created based on the individual's responses to a number of questions in Section A of the HALS questionnaire. This variable represents a score of the respondent's degree of severity of disability over all types of disability, i.e., degree is independent of nature of disability.

Source: Statistics Canada, Health and Activity Limitation Survey, 1991.

Display D.19:
Percentage of Population Reporting a Disability by Severity, Sex and Age, 1991

Age	Mild		Moderate		Severe		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
15-24	72.8	71.3	18.8	24.2	8.4	4.5	100.0	100.0
25-34	63.2	61.8	27.3	29.5	9.5	8.7	100.0	100.0
35-44	58.5	51.3	29.6	33.9	11.9	14.8	100.0	100.0
45-54	56.6	45.1	27.4	38.4	16.0	16.5	100.0	100.0
55-64	46.7	41.2	35.2	38.0	18.1	20.8	100.0	100.0
65+	43.7	36.5	34.5	35.7	21.8	27.8	100.0	100.0

Source: Statistics Canada, Health and Activity Limitation Survey, 1991.

Display D.20:
Household Type by Sex and Age Group, Population** Aged 15 and Over, Canada, 1990

	Total Population		Household Type: Person Living Alone		Couple Only		Couple with Children		Lone Parent with Children		Other*	
	N	%	N	%	N	%	N	%	N	%	N	%
	(Numbers are in thousands)											
Both genders												
All age groups	20,526	100	2,438	12	4,920	24	9,575	47	1,434	7	2,159	11
15-24	3,838	100	194	5	360	9	2,244	58	431	11	609	16
25-34	4,706	100	466	10	1,015	22	2,373	50	273	6	579	12
35-44	4,080	100	347	9	397	10	2,689	66	271	7	376	9
45-54	2,768	100	256	9	692	25	1,417	51	190	7	212	8
55-64	2,342	100	320	14	1,107	47	631	27	145	6	139	6
65+	2,790	100	854	31	1,349	48	221	8	123	4	244	9
Men												
All age groups	10,038	100	1,045	10	2,384	24	5,066	50	497	5	1,045	10
15-24	1,955	100	99	5	137	7	1,240	63	208	11	270	14
25-34	2,339	100	309	13	497	21	1,129	48	94	4	311	13
35-44	2,025	100	205	10	194	10	1,341	66	61	3	224	11
45-54	1,378	100	117	9	281	20	827	60	46	3	107	8
55-64	1,148	100	128	11	513	45	384	33	61	5	61	5
65+	1,193	100	186	16	763	64	145	12	27	2	71	6
Women												
All age groups	10,487	100	1,393	13	2,536	24	4,509	43	937	9	1,114	11
15-24	1,884	100	95	5	223	12	1,004	53	223	12	339	18
25-34	2,368	100	157	7	519	22	1,244	53	180	8	268	11
35-44	2,055	100	142	7	204	10	1,348	66	210	10	151	7
45-54	1,390	100	139	10	411	30	591	42	144	10	106	8
55-64	1,194	100	193	16	594	50	246	21	83	7	78	6
65+	1,597	100	667	42	585	37	75	5	96	6	173	11

* "Other" could include two or more unattached individuals living together, or two or more economic family units living together, for example.

** Including Aboriginals.

Source: General Social Survey, Cycle 5, *Family and Friends*, 1990.

Display D.21:
Percentage of Women by Health Status Indicators, Age and Housing Tenure (owner in a household vs. non-owners in the household), 1994-95

	Under Age 24		25-34		35-44		45-54		55-64		65 and over		Total	
	Dwelling Owned	Not Owned	Dwelling Owned	Not Owned	Dwelling Owned	Not Owned	Dwelling Owned	Not Owned	Dwelling Owned	Not Owned	Dwelling Owned	Not Owned	Dwelling Owned	Not Owned
Mental Health Distress Scale														
0-1	16.6	13.2	28.2	20.8	30.6	23.9	33.2	28.2	42.4	35.6	41.0	35.4	30.7	24.1
2-4	34.0	36.5	41.3	36.0	42.7	34.1	37.1	32.0	29.0	28.5	32.8	27.8	36.8	33.4
5-24	40.4	44.4	28.8	40.0	24.6	35.0	26.5	38.1	23.6	32.5	19.0	32.8	27.9	38.1
Not Stated	8.9	5.9	1.7	3.3	2.0	7.1	3.2	1.7	5.0	3.4	7.2	4.0	4.7	4.4
Total	100	100	100	100	100	100	100	100	100	100	100	100	100	100
General Health Index														
Poor-Good	28.1	34.8	26.8	33.4	30.7	42.8	38.4	52.9	50.3	58.2	57.4	65.3	36.9	44.5
Very Good-Excellent	71.9	65.2	73.2	66.6	69.3	57.2	61.6	47.1	49.7	42.0	42.6	34.7	63.1	55.5
Total	100	100	100	100	100	100	100	100	100	100	100	100	100	100
General Chronic Stress Index														
0	6.9	3.8	14.4	11.9	15.1	7.6	17.3	12.6	28.8	24.9	42.9	37.6	19.3	14.9
1	9.4	13.2	20.9	14.7	21.0	15.1	23.0	19.0	21.4	21.0	26.4	20.9	19.8	16.4
2-3	10.4	26.0	36.6	34.7	37.1	32.0	35.8	39.0	31.3	33.4	19.0	27.6	28.1	31.5
4-11	11.6	23.5	26.3	35.6	25.3	39.4	20.6	28.3	14.1	19.8	4.8	9.7	17.6	27.3
Not Applicable	59.0	31.7	–	–	–	–	–	–	–	–	–	–	12.0	6.8
Not Stated	2.7	1.8	1.7	3.1	1.5	5.9	3.2	1.0	4.5	0.9	7.0	4.2	3.2	3.1
Total	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Distress Score: This index is based on a subset of items from the Composite International Diagnostic Interview (CIDI). Higher score indicates more distress.

General Chronic Stress Index: This index is composed of items that are relevant to all respondents. The stressors include activity overload, financial difficulties and problems with relationships in day-to-day encounters. Higher score indicates more stress.

Source: Unpublished data from National Population Health Survey, 1994-95.

Score ranges have been collapsed by the consultant, based on overall frequency.

Display D.22:
Percentage of Women by Social Indicators by Age and Tenure (owner in a household vs. non-owners in the household), 1994-95

	Under Age 24		25-34		35-44		45-54		55-64		65 and over		Total	
	Dwelling Owned	Not Owned	Dwelling Owned	Not Owned	Dwelling Owned	Not Owned	Dwelling Owned	Not Owned	Dwelling Owned	Not Owned	Dwelling Owned	Not Owned	Dwelling Owned	Not Owned
Mastery Index*														
2-18	27.1	33.9	26.8	35.7	32.5	42.2	34.8	46.4	37.3	47.9	39.1	43.1	32.3	39.7
19-21	33.3	35.1	37.3	32.0	36.1	23.3	31.8	25.9	34.5	28.0	31.8	32.2	34.3	30.4
22-28	22.3	20.3	34.2	28.9	29.1	27.7	29.3	22.6	23.4	19.2	21.2	18.8	26.8	23.7
Not Applicable	8.0	4.8	--	--	--	--	--	--	--	--	--	--	1.6	1.0
Not Stated	9.3	5.9	1.7	3.5	2.2	6.9	4.2	5.1	4.7	4.8	7.9	5.9	5.0	5.2
Perceived Social Support														
0-3	8.0	8.9	7.1	16.2	15.0	13.0	13.3	11.6	15.5	26.2	16.0	25.8	12.2	16.1
4	82.7	85.2	91.2	80.6	83.3	80.6	83.7	86.8	79.7	72.2	77.4	70.4	83.3	79.7
Not Stated	9.3	5.9	1.7	3.2	1.7	6.4	3.0	1.6	4.9	1.6	6.6	3.8	4.5	4.1
Social Involvement Dimension*														
0	25.4	33.7	32.4	43.0	27.4	36.2	24.4	38.2	19.5	34.8	21.8	21.1	25.6	35.1
1-3	28.6	37.4	36.0	31.9	34.4	33.4	32.9	28.2	23.0	22.6	19.9	24.7	30.1	31.0
4-8	37.1	23.0	27.7	21.4	36.5	24.3	39.6	30.5	52.8	39.2	51.5	50.7	39.7	29.5
Not Stated	8.9	5.9	1.9	3.6	1.8	6.2	3.1	3.2	4.7	3.4	6.8	3.5	4.5	4.5
Total	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Mastery Index: The index which measures sense of mastery measures the extent to which individuals believe that their life-chances are under their control. Higher score indicates superior mastery.

Perceived Social Support: This index is composed of items which reflect whether respondents feel that they have someone they can confide in, someone they can count on, someone who can give them advice, and someone who makes them feel loved. A higher score indicates greater perceived social support.

Social Involvement Dimension: This dimension is measured by items which reflect the frequency of participation in associations or voluntary organizations and the frequency of attendance at religious services in the last year. Higher score indicates greater social involvement.

* Scales have been chosen by the consultant based on overall distribution of numbers.

Source: Unpublished data from National Population Health Survey, 1994-95.

Display D.23:
Percentage of Persons by Health Status Indicators by Sex and Marital Status, 1994-95

	Unattached Individuals		Husband-Wife Families**		Lone-Parent Families	
	Females	Males	Females	Males	Females	Males
Mental Health Distress Scale*						
0-1	36.6	36.3	32.9	37.7	20.2	34.3
2-4	30.3	34.0	38.5	34.0	33.9	35.9
5-24	31.4	28.3	25.3	19.2	43.2	26.6
Not Stated	1.6	1.4	3.3	9.2	2.8	3.2
General Health Index*						
Poor-Good	50.2	41.7	38.4	36.8	44.6	39.6
Very Good-Excellent	49.8	58.3	61.6	63.2	55.4	60.4
General Chronic Stress Index*						
0	30.1	23.9	20.2	21.5	9.1	17.8
1	23.9	24.0	21.6	22.3	15.0	25.2
2-3	29.1	31.6	34.0	30.0	31.9	36.4
4-11	16.1	19.4	21.4	17.3	40.6	16.7
Not Applicable	0.1	0.3	0.0	--	0.3	--
Not Stated	0.6	0.7	2.8	8.8	3.0	3.8
Total	100	100	100	100	100	100

Distress Score: This index is based on a subset of items from the Composite International Diagnostic Interview (CIDI). Higher score indicates more distress.

General Chronic Stress Index: This index is composed of items that are relevant to all respondents. The stressors include activity overload, financial difficulties and problems with relationships in day-to-day encounters. Minimum score is 0, maximum score is 11.

* Scales have been chosen by the consultant based on overall distribution of numbers.

** Including common-law families.

Source: Unpublished data from National Population Health Survey, 1994-95.

Display D.24:
Percentage of Persons by Social Indicators by Sex and Marital Status, 1994-95

	Unattached Individuals		Husband-Wife Families**		Lone-Parent Families	
	Females	Males	Females	Males	Females	Males
Mastery Index*						
2-18	40.2	37.6	33.5	27.1	45.2	32.9
19-21	32.9	34.0	34.5	32.2	26.3	37.4
22-28	24.6	26.8	28.2	31.4	25.7	26.5
Not Stated	2.3	1.6	3.7	9.3	2.8	3.2
Perceived Social Support*						
0-3	19.7	33.6	12.4	16.0	22.0	29.5
4	79.1	63.9	84.7	75.1	75.3	67.3
Not Stated	1.2	2.6	2.9	8.9	2.8	3.2
Social Involvement Dimension*						
0	27.2	43.7	27.6	29.8	38.7	34.9
1-3	27.9	30.5	30.8	27.2	31.5	41.2
4-8	43.5	24.4	38.4	34.0	26.9	20.8
Not Stated	1.5	1.4	3.1	9.0	2.9	3.2
Total	100	100	100	100	100	100

Mastery Index: The index which measures sense of mastery measures the extent to which individuals believe that their life-chances are under their control. Higher score indicates superior mastery.

Perceived Social Support: This index is composed of items which reflect whether respondents feel that they have someone they can confide in, someone they can count on, someone who can give them advice, and someone who makes them feel loved. A higher score indicates greater perceived social support.

Social Involvement Dimension: This dimension is measured by items which reflect the frequency of participation in associations or voluntary organizations and the frequency of attendance at religious services in the last year. Higher score indicates greater social involvement.

* Scales have been chosen by the consultant based on overall distribution of numbers.

** Including common-law families.

Source: Unpublished data from National Population Health Survey, 1994-95.